VENEREAL DISEASES.

Dr. FRANKLIN.

A MANUAL

OF

VENEREAL DISEASES;

BEING A CONDENSED DESCRIPTION

OF THOSE AFFECTIONS

AND THEIR

HOMŒOPATHIC TREATMENT.

BY

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PREFACE.

This compendium of venereal diseases has been prepared by the author for the use of practitioners and students of medicine, as a summary only of the recent investigations and advance views touching the various sequelæ that follow in the train of these contagious disorders, and to lay before the profession the knowledge of the present day gained by the use of comparatively small doses of medicine in their treatment.

Believing in the "dualistic theory" that the origin of the exciting virus which produces the local contagious ulcer, differs from that which develops true syphilis, the terms chancroid and syphilis are used to designate these two essentially distinct conditions.

It is not intended that this little treatise shall take the place of the larger works on venereal diseases, but that it shall be a useful guide and a ready reference to the general practitioner; a synopsis of the more accurate and scientific observations lately gained in the therapeutics of these disorders.

As such it is committed to the profession, trusting that humanity may be benefited by its teachings, and that homœopathy may receive the proper credit due it in the more successful treatment of these affections by attenuated medicines, which our brethren of the allopathic school are slowly and grudgingly adopting.

E. C. Franklin.

University of Michigan, 1883.

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MANUAL

OF

VENEREAL DISEASES.

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CHAPTER I.

A Condensed History of Venereal Diseases.

THERE are three forms of venereal diseases; viz., *gonorrhœa*, chancroid, and syphilis, or chancre. The first two possess immemorial antiquity, having been described in Chinese systems of medicine nearly 4,500 years ago. In the Hindoo, Greek, Arabic, and Latin literature, descriptions of these diseases date back to the remotest periods of time; and recent syphilographers refer the origin of syphilis to the earliest history of the preceding, though the identification with the present disease is not so fully established. During the middle ages, a peculiar eruptive disorder, termed lepra, was found to be communicated by sexual intercourse, in connection with certain venereal derangements. These are supposed by modern writers to correspond to the tertiary forms of syphilis, as at present known. It spread from person to person during sexual intercourse, was contagious, and maintained certain and uniform characters wherever observed. During the early periods it was known as the "great pox," in contradistinction to another type of disease of a very different origin and development. It was supposed by some, that Columbus brought it from America with his fleet, and from this nucleus it spread like a plague through all Europe. It is well known, that syphilis was not recognized as a morbid unity until the end of the fifteenth century, at or about the period of the siege of Naples, 1494, during the reign of Charles VIII. It was then called the *mal de Naples*. About the middle of the sixteenth century, all venereal disorders were attributed to the same origin. Previous to this, a line of distinction was observed and insisted on between gonorrhœa and chancroid and syphilis; and up to the present

century, there was no classified distinction between these diseases. Amid all this confusion and want of formulation, we see diseases entirely dissimilar from syphilis, classified under the syphilitic form, and vice versa. Hence, the diseases were called, at different times, *yaws*, in the West Indies; *sibbens*, in Scotland; *radezyge*, in Norway; *scherlievo*, in Dalmatia; and by other names in different parts of the world; and they were not supposed to possess a truly venereal origin, until they were undoubtedly proven to be only varieties of the one disease, syphilis.

Throughout all these conditions and variations, the fact is patent, that syphilis has changed to a considerable extent; that the characteristics that designated it in the past are different from the features that envelop it in the present. It has lost some of its more virulent and destructive properties: its genius is the same; but its sting has lost its malignancy. Thus, we are led to infer that the syphilis of the older writers is not the syphilis of modern observers. "In a majority of cases," says a distinguished author,* "the type of the disease, as encountered at the present day, is mild. It can be controlled, to a great extent, by treatment. Thousands of individuals pass through it, unharmed in tissue, in feature, in function, to reach a green old age, and die of natural causes, leaving behind them healthy offspring, who know not the sins of their fathers." How different are these truly scientific and recently formed views, from those of certain of our own syphilographers, who, at this present writing, aver, that, "of all the ills to which flesh is heir, there are none that can be compared to this, in malignancy, inveteracy, and profound vital disturbance." If this doleful sentence had been written away back in the darkness of our past knowledge of this disease, as it then appeared, carrying fear and dismay to all who fell under its baneful influence, rather than at the present time of our advanced status of medical science, touching this disorder, it would fall far less harshly upon the ears of the advanced student of our own time.

* Keys on "Venereal Diseases," p. 55.

CHAPTER II.

Gonorrhœa and Other Diseases.

SECTION I.

Gonorrhœa and Urethritis.

GONORRHŒA is the term applied to a specific inflammation of the urethra or vagina; the result of impure sexual intercourse, and accompanied by a purulent discharge. After exposure to infection, an uncertain period elapses before the symptoms are developed, called the *period of incubation*, which lasts from four to seven days. The disease is divided into three stages, each having distinctive peculiarities; viz., *accession*, *acute inflammation*, and *decline*.

First Stage (Accession).—In the male, the disease comes on with gentle heat and irritation; a sense of tickling or slight itching within the meatus. The glans becomes congested; the lining membrane is red, swollen, and the orifice partly closed; and there is emitted a thin, whitish watery discharge; while the urine is passed with difficulty, and the stream is diminished, twisted, and forked. Accompanying these symptoms, there is a dull, aching pain in the back, loins, and testicles, with more or less pyrexia.

Second Stage (Acute Inflammation).—In this stage all the symptoms are aggravated; the discharge becomes thick, puriform, and perhaps of a greenish or reddish tinge, with prolonged and painful erections at night; pain and scalding in passing urine, which is more frequent. The penis is often curved as if tied down with a string (chordee), which is due to deposit of lymph in the corpus spongiosum, which interferes with the uniform expansion of the organ, and is exquisitely painful. At times the prepuce is œdematous, which may give rise to phimosis or paraphimosis. Abscess may form in the substance of the penis, causing much pain and trouble; or a metastasis may take place to the testicle, producing orchitis. The lymphatic glands

in the groin may become inflamed and suppurate (bubo); or, at the termination of this stage, there may occur rheumatic pains of an exceedingly obstinate kind, in the larger joints (gonorrhœal rheumatism).

Third Stage (Decline). — When the inflammation has run its course and is on the decline, there follows a thin, muco-purulent discharge (gleet), which may continue for some time, and become very inimical to treatment (incipient stricture).

Urethritis, or Blennorrhagia. — There is a form of disease resembling gonorrhœa, but which is not produced by a specific virus. This disease may be caused by external violence, the use of instruments, masturbation, excessive coitus, and by accidental causes; each case wanting the direct contagion. This disease is less violent than the preceding, cannot be generated by auto-inoculation, and is more amenable to treatment than gonorrhœa. Great caution should be exercised in discriminating between these diseases; and, when in doubt, inoculation should be performed, and a correct diagnosis arrived at. A preponderance of cases of urethal inflammation are of this type of disease, and are produced by the causes assigned. As a rule, the *first* attack of urethral inflammation is more *violent* than subsequent attacks.

Treatment. — The treatment is both *prophylactic* and *curative*. The difficulty in employing the first is that the physician does not see the patient till too late to use the abortive treatment, which should only be done in the "accession" period. This is accomplished by injecting into the urethra, *never beyond the inflammatory portion*, which is about the fossa navicularis, a weak solution of *Nitrate of Silver*, *Sulphate of Zinc*, or *Cuprum;* one grain of the *Nitrate* in three ounces of distilled water, or three grains of either *Zinc* or *Cuprum* in the same amount of water, and add six grains of *Gum Arabic* to each mixture.

The following recipes are highly recommended as prophylactic agents, and should be used warm:

℞. Merc. corros., ø gr. i.; Aqua Rosæ, ʒ viii
℞. Nitric acid, ø gtt. iii. to vi.; Aqua bull., ʒ viii.
℞. Nux vomica, ø gtt. xx.; Aqua Rosæ, ʒ iv.
℞ Cannabis sat., ø gtt. xii.; Aqua bull., ʒ vi.
℞. Eryngium aquat., ø gtt. xii.; Aqua bull., ʒ viii.
℞. Gelsemium, ø gtt. xii.; Aqua bull., ʒ viii.

This should be employed with rigid regularity every four hours, till all the primary inflammation is destroyed. The patient should void urine just previous to the injection, or the urethra be washed with warm water. If the injection of Silver (my favorite remedy) passes away loaded with a pearly looking discharge, it must be repeated till it comes away unmixed with any of this peculiar product. After each injection, the discharge will be increased for an hour or two, when it becomes gradually thinner and less copious. Two or three days are ample for a perfect cure if strict attention is given to the details of the operation, hygienic treatment, etc. Injections should never be employed stronger than the above, and never during the inflammatory stage.

The medical treatment consists in the use of the following remedies: *Sepia* in the *accession* stage; *Acon.*, *Gels.*, and *Merc.* in the *inflammatory* period; to be followed by *Can. sat.*, *Merc. sol.* and *cor.*, *Canth.*, *Copaib.*, *Santal.*, *Petros.*, *Caps.*, *Sepia.*, *Erecth.*, *Erig.*, *Eucalyp.*, *Agnus cast.*

Special Indications.

Sepia. — This remedy, given in the higher potencies, is one of our most valuable agents for the cure of urethritis in the stage of accession; and I have made numberless cures with it. It corresponds faithfully to the *tingling*, *smarting*, and *titillation*, itching of the prepuce, and discharge of milky fluid; and, whenever I could hold my patient well in hand, I have rarely required any other remedy. It corresponds with the urging, frequent and painful micturition, mucous discharge, smarting, tenesmus, and bearing-down sensation about the perinæum.

Gelsemium. — This is a precious remedy in all cases of urethritis and gonorrhœa when the symptoms are sub-acute; discharge moderate; frequent irritation, with considerable heat and little pain, with smarting and redness at the meatus. In sub-acute cases, or in severe cases when the inflammatory symptoms have been subdued by previous treatment.

Aconite. — In acute gonorrhœa, inflammation well developed, even scalding, copious, thick greenish discharge; frequent and painful erections, with more or less febrile disturbance; lips of the meatus red and swollen. After inflammatory symptoms have subsided, give *Can. sat.* for smarting pain, burning and stinging during micturition, ardor urinæ, constant urging, titillation, copious, thinner, yellow or whitish discharge; the lips of the meatus glued together, and retaining the matter within; prepuce swollen and painful, with burning, smarting, stitching, darting pain in the urethra, extending from the orifice of the penis to the bladder; strangury, with pains extending to the scrotum, with dragging of the testicles.

Mercurius Corrosivus. — Another valuable agent in the acute stage, with thick green and bloody discharge, painful erections, swollen prepuce, constant desire to urinate; muco-purulent matter mixed with blood; cutting

pains in the urethra; swelling and burning of the prepuce; lips of the meatus red and œdematous; drawing pains in the testicles, with swelling of the glands; chordee; stream of urine smaller, and passes away feebly. *Mercurius solubilis* acts well in cachectic and impaired constitutions; in sub-acute cases, especially after *Aconite;* discharge slight; itching and stinging pains, mostly confined to the glans.

Copaiba. — When the inflammatory symptoms have been mitigated by *Aconite*, or previous treatment; or in sub-acute cases, with itching, smarting, and burning in the urethra, with nocturnal chordee; urine emitted in drops; swelling and redness of the urethra; urging pressure; pulsative pains along the urethra; the urine has the odor of violets, with a constant desire for its voidance; discharge yellow and copious, the urine depositing a sediment resembling albumen. A peculiar *erythema*, with sub-acute synovitis, has frequently occurred in my practice from its use in the crude form.

Oleum Sandalum. — This remedy has of late done me good service in the cure of this often intractable disorder, after the use of Aconite for twenty-four or thirty-six hours, when the discharge is thick, yellowish, or muco-purulent, attended with burning, smarting pain; frequent desire to urinate; swelling and redness of the meatus, with smarting, stinging pain in voiding urine; painful erections; swelling of the prepuce as if distended with water. I have used it in the first and second potencies with the most satisfactory results. I prefer the latter. After amelioration by the second the third acts even more satisfactorily.

Petroselinum. — Another new remedy; and, like the former, most appropriate when the more violent symptoms have been controlled by *Aconite* or other appropriate treatment. Especially in cases where the inflammation has passed up the urethra, rapidly involving the base of the bladder, with distressing ardor urinæ, with strangury; discharge profuse, thick, and whitish. (See Cantharides and Capsicum.)

Cantharides. — Cutting, stinging pain during and after micturition; discharge thick and yellow, with severe pains at base of bladder, continuing before and after urinating, with ardor urinæ. (Consult Capsicum.)

Cubeba. — This is a remedy too much overlooked in those chronic, sub-acute, or gleety conditions of the genito-urinary tract; and in the blennorrhagias that occur in relaxed or impaired constitutions, especially after frequent attacks of urethritis, with an absence of the more violent symptoms.

Mezereum. — In mild cases, with stinging, titillating pains, beginning at the bladder, and extending to the meatus; discharge thin and yellowish; soreness along the urethra after voiding the urine, which is acrid and red, like blood.

Terebinth. — In sub-acute and chronic blennorrhœa, with burning during urination; suppression of urine; urethra sore, discharge whitish; unsuccessful attempts at micturition; irritation extending from the bladder to the meatus.

Kali Hydriodicum. — In chronic urethritis of long standing, with constant urging to urinate, with thick, green mucous discharge; pain during micturition; irritable and sensitive urethra.

Erigeron Canadensis.—In chronic blennorrhœas, with irritation of the urethra, and increase of offensive urine; drawing pain in the back, running down to right testicle.

Stillingia has been given in chordee with painful erections, burning and itching during the act of micturition; irritation extending to the bladder.

Thuja. — In chronic and ill-treated cases, with burning in the urethra; stitching pain at the meatus, between the acts of micturition; sensation of titillation, as if a drop of urine was passing along the urethra.

Sulphur. — In chronic gonorrhœa, when the discharge is slight, but the smarting and burning continue during urination; urine passes in a thin stream; walls of the urethra thickened; itching along the urethra, with constant desire to void the urine; pain, stinging, and tearing, between the acts of micturition, when the appropriate remedy seems to have lost its curative action.

Dr. Price, of Baltimore, advises, as soon as the *first* drop appears, to inject a few drops of clear Glycerine, enough to fill the urethra as far back as the inflammation extends; hold it there for five minutes, then let it escape; urinate before using. Another plan is to wrap a piece of raw cotton around Emmett's silver probe, saturated with Glycerine; pass it into the urethra an inch or more; repeat if necessary. These prophylactic measures may be tried, I think, with fair success.

My experience has led me, after many years of practice, and large numbers of patients treated, to resort to the medium potencies, when the best-directed efforts with the crude and lower attenuations effected little or no good. A resort to the middle and higher potencies, as high as the thirtieth, has almost always resulted in marked improvement and speedy cures. I can confidently recommend their employment when both physician and patient are wandering about in the maze of unrelief.

During treatment, the patient must abstain from all stimulants, condiments, strong coffee and tea, and tobacco in every form; quiet and rest should be enjoined, and the strictest cleanliness be observed. In such cases, when a "drop or two" still appears after a well-conducted course of treatment, suspect incipient stricture, and use mechanical dilatation. Some authors speak of a kind of inflammation of this character, which they term "gonorrhœa sicca," or dry clap. I do not attach any importance to this as a variety of gonorrhœa. Use suspensory bandage to the scrotum if the patient will attend to business. Sexual excitement should not be permitted, and all hygienic precautions enforced during treatment, and two weeks after, for fear of a relapse.

SECTION II.

Orchitis, Balanitis, Cystitis, and Ischuria.

1.—Orchitis.

Orchitis is an inflammation of the testis proper. When the epididymis is involved, it is termed *epididymitis*. In a badly managed gonorrhœa, both structures may be involved; especially so, after exposure to cold, or strong caustic injections. When it occurs coincident with gonorrhœa, there is a temporary cessation of the discharge; the disease, by metastasis, attacking the testicle. The symptoms are, weight and tenderness in the perinæum; pain in the back and loins, extending from the scrotum; testicle swollen; skin covering scrotum tense, dark red or purplish; tenderness to touch; with fever; furred tongue; dry skin. This may terminate in abscess, with an increase of all of the above symptoms, with a feeling of pulsation and pain deep in the organ; shiverings are present, and even the pressure of the bedclothes is insupportable. The pus is mostly ill conditioned; fluctuation is felt; and, if left alone, the abscess will be discharged by several openings, and a peculiar *fungous growth* spring forth from these outlets.

Treatment.—Remedies act exceedingly prompt in this affection. In mild cases a few doses of *Sulphur* will restore the urethral discharge, and allay all inflammatory trouble connected with the testicle. In plethoric persons, *Aconite* and *Belladonna* are very serviceable. *Gels.*, *Puls.*, *Phytol.*, *Clem.*, *Ham.*, *Merc.*, *Rhod.*, *Ant. tart.*, *Verat. vir.*, *Spong.*, *Hep.*, will be found competent to cure the worst cases. After inflammation has passed, use adhesive straps and the suspensory bandage. (Fig. 1.)

Fig. 1.

SPECIAL INDICATIONS.

Aconite.—If there is fever, hot and dry skin, full pulse, and other active indications of vascular excitement.

Gelsemium.—When the disease arises from suppressed gonorrhœal discharge; from exposure to cold or wet weather, or when biliary disorders exist, with tendency to congestion.

Clematis Erecta. — After activity of the inflammatory conditions has subsided. If the disease began in the epididymis ; or if it assumes a chronic type, with induration and sensitive prepuce ; retraction of the testicles and cord ; coming on after exposure to cold. (See Aurum.)

Belladonna. — If the organ is hot and swollen ; in plethoric persons, with tendency to delirium, and congestion to the head.

Pulsatilla. — Is serviceable in persons of mild disposition, easily affected to tears ; delicate organizations. When the inflammation is sub-acute, the glands alone being affected, pain shooting down the back, or into the thigh, and changing suddenly, with little or no thirst during the fever.

Hamamelis. — Dull, heavy pain in the testicle, at times excruciating; unconscious seminal losses ; scrotum hot, congested, and swollen, the covering having lost its corrugated appearance, and becoming tense, smooth, and shining. (See Belladonna.)

Hepar Sulph. — For abscess of the testicle fully formed ; after pus is formed, evacuate with bistoury or aspirator ; close wound with a piece of adhesive plaster. *Silicea* and *Phosphorus* may be required to complete the cure.

Mercurius. — After subsidence of inflammation, and the formation of pus threatens, with shivering and profuse perspiration ; the gland hard and sensitive. If testicle continues hard, *Iodium*. The scrotum should be well supported on a small pillow placed between the thighs. Apply locally, *Acon.*, *Bell.*, *Clemat.*, *Puls.*, or *Ham.* lotions to scrotum ; low diet, and rest in the recumbent position ; strapping of the testicle.

In rheumatic orchitis, *Acon.*, *Gels.*, *Bell.*, and *Merc.*, in the lower attenuations, have done good service in my hands.

II. — Balanitis.

Balanitis, or spurious gonorrhœa, is caused by impure coitus, or a want of cleanliness about the glans penis, and is accompanied with itching, burning, and soreness under the prepuce ; increased by walking. The inflammation may be very severe, with œdema of the prepuce and phimosis, and become very distressing, yielding a muco-purulent discharge. It frequently arises from the sebaceous glands around the corona, which secrete a cheesy kind of matter ; this, becoming disorganized, produces an inflammation which envelops the lining membrane of the glans, and gives rise to excoriation and swelling of the prepuce.

It is called *posthitis* when the inflammation extends to the lining membrane of the prepuce.

The *causes* are, want of cleanliness, leucorrhœa, menstrual secretions, violent coition, as well as contagion.

Treatment is cleanliness and lotions of *Hydrastis* or *Calendula*.

If the swelling of the prepuce is so tense as to prevent preputial retraction over the glans, cleanse with a small syringe, its nozzle being introduced within the aperture of the prepuce, and the lotion applied three or four times a day. When the prepuce can be retracted, apply *Calendula* or *Hydrastis cerate* to the part, or sprinkle the abraded surface with *Mercurius dulcis*, first trituration. If phimosis occurs, treat as advised under that affection. *Aconite*, *Corallium*, *Mercurius*, *Nitric acid*, or *Pulsatilla* may be required internally. A quantity of yellowish humor behind the corona may indicate Lycopodium; humid, soft excrescences behind the corona, which itch on being rubbed, Staphysagria.

III. — Cystitis.

Cystitis may arise spontaneously from neglected gonorrhœa, or from metastasis, caused by violent abortive measures; the unskillful use of instruments, cold, hæmorrhoids, and injuries.

Symptoms. — Pain in the supra-pubic region, extending to the sacrum, the perinæum, and along the urethra. Tenderness on deep pressure over the pubes; frequent micturition with pain and difficulty, the symptoms being aggravated rather than relieved when the bladder is emptied; a tumor in the region of the bladder, with pains of a burning, lancinating, or throbbing kind; pulse frequent; skin hot and dry; tongue furred and whitish. If the neck of the bladder is affected, pain is mostly felt in the perinæum, and there is entire or partial retention of urine, with dysuria or strangury. The introduction of a bougie is exceedingly painful. If the posterior part of the bladder is chiefly affected, violent tenesmus will be felt, from its contiguity to the rectum. It sometimes terminates in abscess, or complete suppression, which is a serious complication.

Treatment. — The principal remedies are, *Acon.*, *Apis*, *Aloes*, *Bell.*, *Canth.*, *Chimaph.*, *Dulc.*, *Dig.*, *Erig.*, *Chin.*, *Can. sat.*, *Eup. purp.*, *Sant.*, *Hydrast.*, *Kali jod.*, *Puls.*, *Terebinth.*, *Uva ursi*, *Squill.*, and *Sulph.* Injections of warm *Hydrastis* lotions thrown into the bladder. Hot fomentations, and sitz baths, locally, are very beneficial. A high degree of inflammation, with suppression, is very serious. It may terminate in resolution, suppuration, induration of its wall, or gangrene. In resolution, there is a gradual decline of symptoms. In suppuration, chills or rigors occur, with white matter in the urine. Induration is known by

subsequent irritation, gangrene, coldness, prostration, weak pulse, hiccough, and pallor.

Special Indications.

Aconite. — Excessive and fruitless desire to urinate, with the emission of a few drops of red, deep-colored urine; violent fever and thirst; pains increased on making water; great tenderness in the supra-pubic region. In rheumatic cystitis it is invaluable.

Cantharides. — Shooting and burning pains in the vesical region, both before and after emission, a few drops of bloody urine passing at a time; cutting pains from the loins to the bladder; ardor urinæ; bloody urine, with cutting, burning pains in the perinæum.

Colocynth. — Tenesmus; pains at urination felt over the whole abdomen; urine light-colored, depositing a tenacious sediment; after inflammatory symptoms have subsided, and mucus is discharging. In induration of the bladder walls after inflammation. (See Merc. sol.)

Cannabis. — Complete retention; great desire to pass urine; a few drops of bloody urine is passed, with burning pain.

Digitalis. — The neck of the bladder principally affected; constrictive pain in the bladder, with retention; urine turbid or deep-colored, and passed in drops.

Kali Carb. — Great desire to urinate, with scanty emission; great pressure before urinating; hot, scanty urine; frequent painful emissions of small quantities, desire continuing after emission.

Phosphorus. — Inability to retain urine long; constant desire for its evacuation, and at the same time a movement of the bowels; profuse urination; dull pain in the hypogastrium prevents micturition; paralysis of the bladder, — chronic cases.

Squilla. — Great desire to pass urine; emission scanty; urine hot and red, with sticking pains in the fundus of the bladder, producing movements of the bowels (Phos.).

Sulphur. — Urine mixed with mucus or blood · burning during urination.

Nux Vomica. — When hæmorrhoids are present. In chronic catarrh of the bladder. *Acid phos., Lyc., Caust., Copaiva, Carbo veg.* when paralysis sets in; *Ars.* and *Lach.* for gangrene. The diet should be regulated; avoid animal food, spices, wine. Carbonated water has a good effect.

IV. — Ischuria.

Retention of urine differs from suppression. In the latter, the kidneys do not perform their accustomed functions. In ischuria, more or less pain exists in the bladder, which is distended, and can be felt, in some cases, above the pubes. There is urgent desire to urinate, with pain and sickness, and a very small quantity is emitted. The disease, as a rule, yields readily to remedies. If the bladder is over-distended, and a species of paralysis has

set in, *Aconite*, *Hellebore*, *Nux vomica*, and *Dulcamara* are important remedies. *Opium*, if the difficulty is purely nervous. If there are stabbing pains in the urethra, with feeling of stiffness, worse at night, *Digitalis*; *Apis*, if complete suppression exists; *Buchu* relieves spasmodic retention. The following remedies may be consulted in particular cases: *Aconite*, *Cannabis*, *Cantharides*, *Pulsatilla*, and *Stramonium*.

If the symptoms are urgent, and remedies have not had the desired effect, warm baths are beneficial; Electro-Galvanism, and finally the catheter, if the patient is suffering from over-distention. In cases of stricture or paralysis, if it is found impossible to relieve the bladder by these means, recourse must be had to puncture of the over-distended viscus, either by aspiration or puncture with a trocar.

SECTION III.

Special Indications for Diseases of the Bladder and Urethra.

Aconite. —This great antiphlogistic is indicated when the skin is dry and hot; great thirst; unrest: nervous excitement; fear and anxiety; pain in the region of the bladder; retention of urine, with stitches in the kidneys; frequent and violent urging to urinate, with scanty emissions of red, turbid urine.

Angustura. —Tenesmus of the bladder, followed by profuse emission of white urine; tenesmus after micturition. One is obliged frequently to urinate, although but a few dark yellow drops are emitted each time, causing a burning pain; orange-colored urine, soon becoming turbid.

Anatherum. —Frequent emission of urine, which is turbid, or soon becoming so; sensation of numbness and obstruction in the kidneys; sensation as if the kidneys and bladder were always full and swollen. Pressure and burning pains in the bladder, with urging to urinate every minute; the bladder cannot hold the smallest quantity of urine. Difficult, painful, intermittent urination; it stops, and begins again the next moment. Fullness and distention of the bladder, with inability to urinate, urine turbid, thick, and full of mucus, as in catarrh of the bladder; retention of urine, with retraction of the urethral canal; urine brownish or yellowish, and bloody; very frequent urging to urinate, with burning urine, which is discharged in drops; urine with yellowish, grayish, or dark sediment; incontinence of urine, with involuntary urination when walking, and even at night in bed during sleep, as if caused by paralysis of neck of bladder; tenesmus vesicæ, with ischuria.

Apis. —Burning in the urethra before and after micturition; disagreeable sensation in the bladder, with a bearing-down in the region of the sphincter, and frequent desire to urinate; incontinence of urine, with great irritation of

the parts; worse at night and when coughing; almost incessant desire to pass urine; urine high-colored, and more frequent emissions of small quantities; straw-colored urine, with brickdust sediment.

Asparagus. — Urging to urinate; burning in the urethra; frequent urinating, with fine stitches in the orifice of the urethra; urine scanty and cloudy; a little straw-colored urine is passed, which becomes turbid immediately after being passed, and is full of motes; after urinating, burning in the urethra, with sensation as if there was some urine to pass.

Arnica. — This remedy will often be indicated in affections of the bladder arising from mechanical injury, when retention of urine is present, with tenesmus of the neck of the bladder, with ineffectual efforts to urinate; urging, the urine dropping out involuntarily; brown urine, with brick-red sediment; one has to stand a great while before the urine is emitted; urine strongly acid; specific gravity increased.

Arsenicum Album. — Retention of urine, as if the bladder was paralyzed; scanty urine, passing with difficulty; burning in the urethra during micturition, tenesmus and strangury; great desire to urinate, but does not pass any urine: urinates more frequently than usual. Involuntary emission of urine in the night when sleeping; ischuria; urine copious and burning hot. Greenish, dark brown urine, turbid when emitting it: urine profuse and dark brown; hæmaturia; much sediment in the urine.

Belladonna. — Difficult micturition, the urine being passed guttatim, with frequent urging; the urine is yellow and turbid, sometimes depositing a reddish sediment; constant dribbling of urine; sharp stitches low down in the abdomen in the direction of the perinæum; pains come on suddenly, and cease in the same way; feeling in the back as if it would break; enuresis, with profuse perspiration; paralysis of the sphincter vesicæ.

Berberis Vulg. — Violent stitching pains in the bladder, extending from the kidneys into the urethra, with urging to urinate; frequently recurring crampy pain in the bladder; cutting, constrictive pain in the bladder, when full or empty; burning in the urethra; burning pain in the female urethra during and after micturition; stitching pain in the female urethra, beginning in the bladder; violent stitches in the bladder, which compel one to urinate; burning pain in the bladder. Urine dark yellow, red, becoming turbid; copious mucous sediment, mixed with a whitish gray, and later a reddish, mealy sediment. Greenish urine, depositing mucus. Blood-red urine, which soon becomes turbid, and deposits a thick mucus and bright red mealy sediment, slowly becoming clear, but retaining its blood-red color; pains in the loins and kidneys frequently accompanying the morbid urine, but not always; movement brings on or increases the urinary troubles.

Benzoic Acid. — Vesical catarrh; irritability of the bladder; nocturnal enuresis in children; too frequent desire to evacuate the bladder; the urine normal in appearance; decrease of the quantity of urine; urine aromatic; urine of a very repulsive color, of a changeable color, brownish, cloudy, of an alkaline reaction; dark, reddish-brown urine, of greater specific gravity than normal urine, with an acid reaction. Indicated when the urine contains

an excess of uric acid. The patient is pale, languid, with a feeling of weakness in the loins. Fleeting pains in the region of the bladder; a granular mucus mixed with phosphates in the sediment of the urine.

Calcarea Carb. – Pain in the bladder, and cutting on urinating; burning in the urethra before and after urinating; fine tickling stitches through the urethra; much sour-smelling urine passed at night: trickling of urine after micturition; involuntary passage of urine on every motion during menstruation; nocturnal enuresis; urine very dark-colored, without sediment; the urine has a pungent odor, is clear and pale; offensive, dark brown urine, with a whitish sediment; the urine soon becomes turbid, and deposits a whitish, flaky sediment; a fatty pellicle forms on the surface.

Camphora. — Diminished power of the bladder. Retention of urine, with urging to urinate; tenesmus of the neck of the bladder. Painful urination; burning urine; strangury; the urine passes in a thin stream, as if the urethra were contracted; yellowish green, turbid urine, of a musty odor; brown urine; red urine; the urine on standing becomes very turbid and thick, of a whitish green color, without deposit of sediment, urine contains mucus without sediment; urine with white or red sediment; urine increased, of a dark brown color; urine profuse, colorless, frequent; urine scanty.

Cannabis Indica. — Inflammation of the bladder; burning, scalding, stinging pain before, during, and after urination; urging to urinate, with much straining; copious discharge of clear, bright-colored urine; the urine passes freely at times, then again in small quantities, with burning and biting; the urine dribbles out after the stream ceases; aching in the kidneys; thick, red urine.

Cannabis Sativa. — Enuresis; paralysis of the bladder; drawing pain in the region of the kidneys, extending into the inguinal glands, with anxious, nauseous sensation in the pit of the stomach; burning while urinating, but especially afterward; urging to urinate, with pressive pain; stitches along the urethra when not urinating; white turbid urine; urine red and turbid: urine full of fibers, as of mucus with pus.

Cantharides. — Inflammation of uropoietic organs; pains in the region of the kidneys, and urging to urinate; burning, tenesmus, and violent pains in the bladder; ardor urinæ; urine scalds, and is passed drop by drop, with extreme pain; hot, acrid, and bloody urine; urine dark colored, turbid, and scanty; urine loaded with mucus and sediment; cloudy urine, like mealy water, with white sediment.

Carbo Veg. — Pressing pain in the bladder; contraction of the urethra every morning; frequent urging to urinate; copious emissions of light yellow urine; the urine has a strong odor; dark-colored urine; dark red urine, as if it were mixed with blood; the urine deposits a red sediment.

Causticum. — Frequent, difficult, and painful micturition; involuntary emissions of urine when coughing; nocturnal enuresis; smarting pain in the urethra while urinating; light-colored urine, with flocculent sediment.

Chimaphila Umbellata. — Chronic catarrh of the bladder; scanty urine, containing a large quantity of muco-purulent sediment; urine thick, ropy, of brick color, and copious bloody sediment; dysuria; inability to pass

the urine without standing with the feet wide apart, and the body inclined forward.

Colchicum. — Ischuria; frequent micturition, with diminished discharge of urine; constant burning in the urinary organs, with diminished secretion; brown, black urine; whitish deposit in the urine.

Colocynthis. — Alternate stitches in the bladder and rectum; itching at the orifice of the urethra, with desire to micturate; retention of urine, with a retraction of the testicles and priapism. Urine fetid; it soon thickens, and becomes viscid. Urine becomes turbid, with copious deposit, often like gravel.

Conium Mac. — Pressure on the bladder; frequent micturition during the night, the urine cannot be retained; the flow of urine suddenly stops, and continues after a short interruption; the urine is thick, white, and turbid, or clear as water, with frequent calls to pass it; burning sensation when urinating; pressure in the neck of the bladder, with stitches, worse when walking, better when sitting; burning in the urethra.

Copaivæ Balsam. — Excessive irritation of the bladder. Inflammation of the urinary organs; swelling and dilatation of the orifice of the urethra, with pulsative pain throughout the penis. Constant, ineffectual desire to urinate; the urine is emitted in drops; foaming urine, greenish, turbid, with the odor of violets.

Digitalis Purpurea. — Inflammation of the neck of the bladder; pressure on the bladder, with the sensation as if it were too full, continuing after micturition. Continual desire to urinate, only a few drops being passed at each effort; the urine is dark brown, hot, and burning when emitted. The urine is more easily retained in the recumbent posture; alternate emission of large and small quantities of colorless urine; contractive pain in the bladder during micturition.

Dulcamara. — Paralysis of the bladder, with involuntary discharge of urine; catarrh of the bladder; thickening of the coats of the bladder; retention of urine; strangury; painful micturition; urine turbid and white; reddish, burning urine; mucous sediment in the urine.

Erigeron. — Vesical catarrh, with pain and irritation; dysuria in children; they have frequent desire, and cry when urinating; the urine is profuse, and of a very strong odor; the external parts are inflamed and swollen.

Gelsemium Sem. — Enuresis from paralysis of the sphincter, in children at night; profuse urination; urging, with scanty emission, and tenesmus of the bladder; spasm of the bladder, with alternate dysuria and enuresis.

Graphites. — Micturition is preceded by a cutting pressing from the kidneys; anxious pressure in the bladder, with sudden desire to urinate, but scanty emission; nightly desire to urinate; nocturnal enuresis; frequent micturition; the urine has a sourish smell; the urine becomes very turbid, and deposits a reddish sediment.

Hepar Sulph. Calc. — Nocturnal enuresis; weakness of the bladder; the urine is passed slowly, without force, dropping perpendicularly from the

urethra; the urine is flocculent and turbid; dark yellow urine, burning while passing; brown-red urine, the last drops are mixed with blood; sharp, burning urine, which corrodes the internal surface of the prepuce; the orifice of the urethra is red and inflamed; discharge of mucus from the urethra.

Hedeoma Pul. — Suppression of urine; tenesmus; painful urination; cutting, burning pains in urethra; scanty emission of urine, with frequent and urgent desire; urine very dark, like black tea.

Hyoscyamus Niger. — Enuresis; paralysis of the bladder; retention of urine, with pressure in the bladder; frequent micturition, with scanty discharges.

Ignatia Amara. — Irresistible desire to urinate; painful pressure, with a scraping sensation in the neck of the bladder, especially when walking; turbid urine; frequent emission of watery urine.

Jodium. — Nocturnal urination; retention of urine; increased secretion of thick urine, with dark sediment; urine dark; turbid; milky; with a variegated cuticle on its surface; ammoniacal smell of the urine.

Kali Bichrom. — Frequent discharges of watery urine of strong odor; painful drawing from the perinæum toward the urethra; urine with white film, and deposit of mucous sediment.

Lachesis. — Copious emission of foaming urine; yellow-colored urine; copious brown-red urine; urine with red or brickdust sediment; turbid and dark urine, with a sediment of brown sand, and a severe cutting during micturition. Sensation as if a ball were rolling in the bladder.

Laurocerasus. — Retention of urine; pale yellow urine, scanty, acrid, depositing a thick reddish sediment; burning in the urethra, and pressing after urinating.

Lycopodium Clav. — Involuntary micturition; stitches in the bladder; frequent emission of large quantities of pale urine; frequent micturition at night, with rare and scanty emissions of urine during the day; urine dark, with diminished discharge; red, sandy sediment in the urine; painless hemorrhage from the bladder; itching in the urethra during and after micturition; greasy pellicle floats on the urine.

Mercurius Vivus. — The quantity of urine passed is larger than that of the fluid drank; burning in the urethra between the acts of micturition; inability to retain urine; frequent and violent desire to urinate, with scanty emission in a feeble stream; scanty red urine; urine turbid and fetid; dark red urine, as if mixed with blood; the urine is very turbid, and deposits a sediment; pieces of white filaments are emitted after the urine; the urine looks as if it contained pus or mucus, and has a sour smell.

Natrum Mur. — Involuntary micturition when walking, coughing, and laughing; desire to urinate day and night; stitches in the bladder during micturition, with a smarting, burning sensation in the urethra; pale urine, with brickdust sediment; discharge of mucus from the urethra; dark, coffee-colored urine.

Nitrate of Uranium. — Sore feeling in the pubic region; increased frequency of micturition; profuse nocturnal urination, straw-colored and fetid;

burning in the urethra, with very acrid urine; desire to urinate immediately after voiding urine.

Nitric Acid. — Enuresis; nightly desire to urinate, with cutting pain in the abdomen; scanty, turbid, bad-smelling urine; fetid urine; smarting, burning pain in the urethra while urinating; cramp-like, contractive pain from the kidneys toward the bladder; discharge of bloody mucus, or of pus from the urethra; the urine is cold when emitted.

Nux Vomica. — Retention of urine; strangury; painful, ineffectual desire to urinate; painful emission of thick urine; discharge of pale urine, followed by passage of thick, viscid, whitish, purulent mucus from the bladder; reddish urine, with brickdust sediment; burning and lacerating pain in the neck of the bladder during micturition; hæmatorrhœa.

Opium. — Atony of the urinary bladder; retention of urine from a weakened condition of the contractile power of the bladder; dark-colored urine, which deposits a brickdust sediment; lemon-colored urine, depositing much sediment.

Pareira Brava. — Violent pains in the bladder; pain in the thighs, extending down into the feet; strangury, with paroxysms of violent pain; the urine can only be voided while the patient is on the knees, with the head pressing against the floor; the paroxysms more usually occur in the morning, from 3 to 6 o'clock; the urine has a strong ammoniacal smell, and contains a thick, viscid, white mucus.

Phosphorus. — Involuntary emission of urine; urine with a sediment of white flocculi; smarting and burning in the urethra, with frequent desire to urinate; tension over the region of the bladder; acrid, offensive-smelling urine; brown urine, with red, sandy sediment; hæmaturia.

Phosphoric Acid. — Enuresis, with cutting, burning pain in the urethra, and cramp pain in the region of the kidneys; spasmodic constriction of the bladder; profuse discharge of watery urine, in which immediately forms a white cloud; milky urine, with bloody, jelly-like lumps; burning in the urethra while urinating.

Phytolacca Dec. — Copious nocturnal micturition; violent urging to urinate; urine excessive in quantity, or scanty; dark-red urine, which leaves a stain on the urinal of a mahogany color, which adheres very closely; the urine deposits a chalk-like sediment; pain in the bladder before and during micturition; albuminous urine, with increased specific gravity; frequent and painful inclination to urinate.

Plumbum. — Paralysis of the bladder; tenesmus of the neck of the bladder; ischuria; difficult emission of urine; the urine is mixed with blood; copious red or yellow urine.

Pulsatilla. — Vesical catarrh; incontinence of urine; enuresis nocturna; frequent desire to urinate, with a drawing sensation in the abdomen; spasmodic pain in the neck of the bladder after micturition, extending to the pelvis and thighs; involuntary discharge of urine when coughing; the urine is discharged in drops when sitting or walking; burning in the urethra while urinating; hæmaturia; scanty red-brown urine, with brick-colored sediment; bloody or mucous deposit.

Rhus Tox.—Tenesmus vesicæ, with the emission of only a few drops of blood-red urine; diminished secretion of urine; incontinence of urine; urine hot, white, and muddy, or pale, with white sediment; dark urine, soon becoming turbid.

Ruta Grav.—Nocturnal enuresis; continual pressure on the bladder, as if always full; the desire to urinate continues after micturition; involuntary discharge of urine at night in bed, and while walking during the day; frequent urging, with emission of green urine.

Sarsaparilla.—Pain and cramps in the bladder, with urging and burning; urine pale and copious; frequent urging to urinate, with scanty but painless discharge; urine clear and red. Severe strangury, with discharge of white, acrid, turbid matter, with mucus; painful retention of urine; urine frequently voided; does not become turbid, but deposits a cloud; frequent and copious discharge of pale urine, which becomes turbid on standing, like clay water; urine either too frequent, copious, and pale, or scanty, slimy, flaky, clayey, or sandy; iridescent pellicle on the urine.

Sepia.—Nocturnal enuresis, especially during the first sleep; constant desire to urinate, with painful bearing-down in the pelvis in the morning; burning in the bladder and urethra; pressure on the bladder in the evening, with burning after urinating; urine turbid, with red, sandy sediment, and a cuticle on the surface; urine has an offensive smell, and deposits a white sediment.

Squilla Mar.—Tenesmus of the bladder after micturition; frequent calls to urinate, especially at night, with scanty emission, or profuse discharge of pale urine; sanguinolent urine, with a deposit of red sediment.

Stannum.—Painless retention of urine; the urging to urinate is absent, as in atony of the bladder.

Staphysagria.—Profuse discharge of pale urine, with urging; frequent desire to urinate, with emission of a small quantity of dark-colored urine, burning in the urethra during and after urinating; urging after micturition, as if the bladder had not been emptied.

Strychnia.—Atony of the bladder; retention of urine, or incontinence, when these conditions depend on impaired power of the detrusor muscle of the bladder, from over-distention.

Sulphur.—Nocturnal enuresis; violent desire to urinate at night; copious micturition after midnight; stitches in the bladder; cutting pain in the urethra while passing urine; the urine is sometimes clear, and sometimes contains a thick sediment; rose-colored urine; fetid urine, a greasy film forming on the surface.

Terebinthina.—Strangury; dysuria; violent dragging and cutting pain in the bladder; burning in the bladder; urine scanty and red, or bloody urine; difficult micturition; the urine has the odor of violets, with deposit of mucus, or a thick, muddy sediment.

Thuja Occident.—Frequent urging to urinate, with profuse emission; the urine looks like water when passing, but becomes cloudy on standing;

red urine, depositing a brickdust sediment; burning in the urethra during and for some time after micturition.

Uva Ursi. — Hæmaturia; painful micturition, with burning; urine slimy and purulent.

Veratrum Album. — Diuresis; involuntary emission of urine; painful pressure on the bladder, and burning during micturition; frequent but scanty emissions of dark red urine; green urine

SECTION IV.

Various Affections of the Penis.

I. — Phimosis.

Phimosis is an abnormal contraction of the terminal border of the prepuce, in front of the glans. It may be *congenital* or *acquired, acute* or *chronic*. Congenital, though rare, is when the prepuce is imperforate, or nearly so, and the urine, not being emitted, collects between the prepuce and glans, forming a sac or tumor. The acquired, is the result of cicatrization of ulcers or chancres, or is sympathetic with gonorrhœa, balanitis, etc. Frequently constitutional symptoms are developed in the chronic variety, varying from nervous derangements to complete incoördination of motion, and loss of equilibrating power. In the acquired variety the preputial secretion is retained, producing much irritation, and occasional attacks of inflammation, with discharge (balanitis). (Fig. 2.)

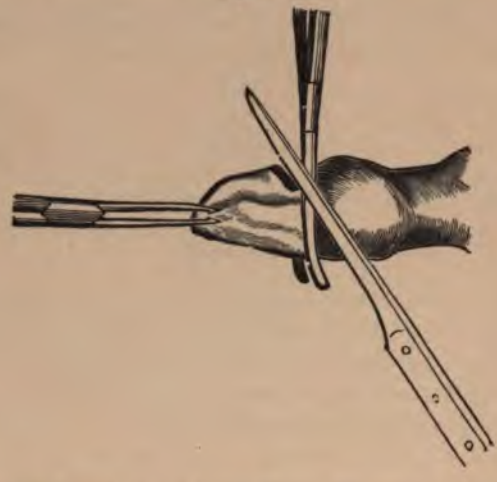
Fig. 255.

Treatment. — The remedies curative of this affection, if surgical action is not demanded, are *Acon.*, *Arn.*, *Ars.*, *Caps.*, *Cann.*, *Calc.*, *Hepar*, *Euphras.*, *Hyperic.*, *Merc.*, *Rhus*, *Sepia*, *Thuja*, *Sulph.*, *Viola tri.* The remedy is to be selected in accordance with the constitutional and local manifestations.

The *local treatment* consists of warm medicated lotions of *Calend.*, *Hyperic.*, or *Thuja*, frequently employed. When all medical agents fail, recourse may be had to an operation; viz.: If the foreskin is long and tight, or thickened by cicatricial surfaces, draw it well forward, hold between the blades of a forceps,

and cut off by one sweep of the bistoury.* (Fig. 3.) In cases of less severity, the prepuce may be slit up on the dorsum as far as the base of the glans, by means of an oiled director passed

Fig. 3.



underneath the foreskin. (Fig. 4.) The chief seat of constriction being in the mucous membrane, care should be taken that it is well opened, and a second piece snipped out, if necessary, and stitched to the skin. Apply cooling lotions of *Hypericum* to the parts after operation, to prevent inflammation. *Rupturing* the mucous membrane by Hutchinson's forceps has proved successful.

Fig. 4.

II.—Paraphimosis.

Paraphimosis is the reverse of the former. When the prepuce is drawn over the glans, and allowed to remain there, producing contraction and stricture of the foreskin, serious results may follow. The penis is constricted,

* Dr. E. P. Hurd reports a case where locomotor ataxia was developed in a lad seven years of age. Various methods of treatment were employed, unsuccessfully. The true cause of the disorder proved to be phimosis; and circumcision was performed, with gradual improvement and final recovery. Dr. Thompson, of Albany, N. Y., reports a case where epileptiform convulsions followed phimosis. This also recovered by circumcision.

the skin becomes œdematous, and the mucous lining of the prepuce, and the glans, become congested, followed by ulceration or sloughing; and the strangulated glans, being ill provided with resistant power or control, may become gangrenous, and ultimately die. (Fig. 5.)

Fig. 5

Treatment.—In recent cases, efforts should be made to reduce the stricture, and release the glans from its incarceration. The parts having been well oiled, the surgeon takes the penis between the fingers of both hands, and draws the constricted portion slowly but steadily forward; with the thumbs, at the same time, he compresses the glans, and pushes carefully backward. If this fails, the constriction may require division by raising a fold of the skin by introducing a sharp-pointed bistoury beneath the tightened band, and cutting outward, when reduction can be effected. Local applications of *Hypericum* or *Staphysagria* should be employed, and the patient placed in a recumbent position, with the penis elevated, so as to favor the circulation of the blood through the weakened parts.

The following remedies may be beneficial in overcoming the inflammation in the external structures: *Arnica, Apis, Arsenicum, Mercurius, Calendula.*

III.—Herpes of the Glans and Prepuce.

These eruptions are characterized by the formation of small vesicles or excoriated points upon the mucous membrane of the glans, attended by smarting and itching, and chiefly occurring in persons of a gouty dyscrasia, with an irritable mucous membrane. Treatment will be required to overcome the constitutional irritation. Local lotions of *Rhus rad.* or *Ranunculus* are very beneficial. Internal remedies are *Dulc., Hepar, Graph., Merc., Phos., Rhus tox., Ranunc., Sarsap., Sepia, Tellur., Tiglium.* Cleanliness should be observed.

IV.—Hypertrophy of the Prepuce.

Hypertrophy of the prepuce is the result of chronic irritation or disease; is usually limited, but may become so extensive as to

call for surgical interference. It consists of solid œdema of the areolar tissue of the prepuce, and of the sub-integumental structures of the body of the penis, which becomes enlarged and club-shaped. For remedies, consult *Nat carb.*, *Graph.*, *Elaps cor.*, *Cal. seg.*, and *Puls.* Surgical relief consists in the excision of a V-shaped piece from the dorsum of the penis.

V.—Condylomata, Warts, or Sycosis.

Condylomata, Warts, or Sycosis, often follow gonorrhœa, particularly if the patient has not observed due cleanliness, the discharge being permitted to lodge beneath the prepuce. They are generally situated along the corona or on the frænum; in females they occur about and in the pudenda. They present different appearances; are fig-shaped, cauliflower-like, or like a cock's comb, pear, or raspberry.

Pathology.—The pathological condition is a morbid thickening of the chorion, rete mucosum, and epidermis, with hypertrophy of the papillary body. They sometimes appear at the verge of the anus, the angles of the mouth, and on the perinæum; are soft, spongy, bleed easily, and are liable to return after cauterization, excision, or ligation. They secrete a peculiar gleety and fetid fluid, and are dependent upon venereal infection.

Treatment.—The remedies are: *Acid nit.*, *Cann.*, *Lyc.*, *Phos. ac.*, *Calc. carb.*, *Merc. cor.*, *Magn.*, *Staph.*, *Sabina*, and *Thuja.* I have never failed in the cure of these little pests by excision, and *Nitric acid* or *Thuja* applied to the base, and at the same time given internally.

VI.—Horny Excrescences.

These formations sometimes spring from the glans penis, and appear first as soft, semi-transparent masses, enclosed in complete cysts. As they increase in size they become dense and hard, and assume all the characteristics of horny structure. They grow slowly, and sometimes attain considerable size. An instance of this growth is reported by Dr. Jewett, of Connecticut, who describes it as $3\frac{1}{2}$ inches long and $\frac{3}{4}$ of an inch in diameter at the base. The treatment is the same as that for other horny tumors; which see.

Follicular Inflammation of Urethra.—In all acute inflammations of the urethra the follicles are more or less involved. It is through this chain of cryptæ mucosæ that the surface inflammation reaches the deeper structures and produces the peculiar affection termed chordee, its severity depending upon the violence of the surface congestion.

When the inflammation extends to the prostate it yields slowly as compared with complications elsewhere. It is recognized by the oozing of a peculiar thin gleety discharge, which is accompanied by irritability of the bladder, a sense of heat and fullness in the perinæum, increased by sitting, jolting and even crossing the legs. These symptoms are so severe at times as to resemble stone in the bladder, from which they may be distinguished by the history of the case and other marked and positive indications of calculus. Persons of a gouty or rheumatic diathesis, and also those of broken down or cachectic habits, are predisposed to prostate complications.

Treatment.—The treatment of these forms of follicular disease of the male urethra is as a rule quite simple and effective. In two well marked cases that came under my observation, where mild attacks of chordee were of nightly occurrence, local applications of *Hamamelis* and the internal administration of *Capsicum* frequently repeated effected a cure within two days. When the disease involves the prostate there is a greater disposition to invasion of the denser structures of the gland, and, as a consequence, a greater resistance to treatment. In such cases I recommend a study of the pathogeneses of those remedies mentioned under the head of Prostates,—page 49.

Chordee.—Whenever inflammation of the urethral surface extends into the deeper tissues of the penis through the minute ducts into the cryptæ mucosæ and from thence is reflected to the delicate and interminable net-work of connective tissue which composes the corpus spongiosum, the product of inflammation (plasma) is thrown out, which stiffens and agglutinates together a limited area of this net-work of tissue. The influx of blood, which during erection distends all other portions of the spongy structure, meets with an obstacle at the part invaded by disease, and no blood is permitted to enter the area so involved by plastic exudation; as a result of this excitability the corpus spongiosum is filled with blood in all portions except the limited area, which remains

empty. This empty part having lost its power of expansion, being relatively too short, acts upon the same principle of a cord to a bow, and in this way the penis is curved, its greatest concavity corresponding to the inflamed area of corpus spongiosum. The greater the amount of erection, therefore, the greater will be the curve, and as a consequence the pain will be correspondingly increased. This constitutes the pathology of chordee, which takes place ordinarily at the end of the second or third week when the inflammatory symptoms are, as a rule, at their greatest intensity. Chordee is the usual accompaniment of primary claps, and seldom occurs after the first attack. During this state of extreme turgescence it occasionally happens that the minute vessels of the urethra will become ruptured, which is recognized by the discharge being streaked with blood. The prepuce in some cases becomes swollen, inflamed, and white with œdema, which may extend the whole length of the organ. This often leads to both phymosis and paraphymosis; to phymosis if the prepuce is long, and paraphymosis when it is short. Balanitis and posthitis may occur as the result of a tight foreskin, the gonorrhœal discharge being retained in the furrow behind the glans penis, where it may lead to the formation of warts and condylomata. Cleanliness and frequent injections of *Hydrastis* or *Boracic acid* thrown into the prepuce to wash away the imprisoned discharges that have accumulated behind the corona will readily effect a cure. When the preputial contractions do not yield to the measures indicated, recourse must be had to the more active measures which are spoken of under their appropriate headings.

Treatment.—The treatment of chordee is naturally associated with the gonorrhœal inflammation, and the remedies for the latter are curative of the former, and should be promptly and vigorously administered both locally and constitutionally. *Aconite, Gelsemium, Oleum sandalum, Cannabis sat., Balsam copaibæ, Cantharides, Mercurius, Petroselinum, Sulphur* and *Stillingia* are the remedies of chief importance. The special indications for these will be found under the treatment for gonorrhœa. Locally, the application of cold water to the penis, or a piece of cold metal applied whenever the erection becomes painful, or a spermatorrhœa ring placed over the organ when going to bed has done considerable service by the waking of the patient before the erection has attained its maximum intensity. Oftentimes the

simple evacuation of the accumulated urine in the bladder will be sufficient to prevent the erection and with it the pain produced.

Chafing of Glans. — These affections of the mucous lining of the glans penis occasion no little concern among those who may have risked their persons to the infection of the venereal taint, and are often mistaken for chancres by the patient and occasionally by the medical attendant. When these occur behind the corona from laceration or abrasion they are very liable to deceive the patient. A little careful scrutiny of their shallowness, irregular, lacerated shape, the smarting and itching which follow soon after coit, and the rapidity with which they yield to cleanliness readily determine their character. If neglected they will cause pain, swelling and phymosis, and in this way greatly disturb the patient.

Frequently I have had patients presenting themselves to me in this condition, possessing all the moral depression of having the venereal taint, especially in those cases where they have run the risk of contamination. Although these affections need not be confounded with the venereal type of diseases, still, by some who associate a sore upon the frenum or glans with chancroid, and especially by the patient who fears every little abrasion and thinks he has "caught the pox," they often present no little concern.

Treatment.—Bathe the parts with a weak solution of *Boracic acid* and water, or *Hydrastis* lotion, taking care to throw the injection well back on the corona, which will cause a little annoyance to do thoroughly if the prepuce is much swollen. In severe cases I have used the Black-wash with good success. The chief indication is to keep the parts well cleansed and prevent the accumulation of matter behind the glans.

Rupture of the Frenum is an occasional consequence of sexual intercourse, when the frenum is very short or the intercourse is attended with considerable difficulty. When torn, the hæmorrhage is sometimes quite profuse, especially if the laceration extends to the meatus urinarius. Touching the raw surface with the point of *Nitrate of Silver*, or applying a styptic of the *Persulphate of Iron* or *Matico* will ordinarily arrest the bleeding, except when the artery of the frenum is open. To close this, a very delicate silk ligature may be applied to the bleeding point with the best result. A wad of cobweb placed over the torn part and held by a small bandage in situ, effected a cure in a case under my treatment.

VII. — Priapism.

Persistent priapism is the result of excessive venery. The erection of the penis is not accompanied with any sexual desire, but is attended with great pain, a feeling of weight about the perinæum, and much anxiety and constitutional disturbance. The organ is singularly hard and unyielding, and may remain in this condition for hours and even days.

The *pathology* of this disease is supposed by some to be the result of extravasation of blood into the corpora cavernosa; by others it is referred to sympathetic or reflex nervous irritation. A case of this kind I saw many years ago, at St. Louis, in a newly married man, where the organ became so hard and unyielding that I was compelled to incise the corpora cavernosa and let out a quantity of blood. After a few hours, with three or four doses of *Aconite*, given internally, and followed by *Capsicum*, I succeeded soon in overcoming the trouble.

VIII. — Gangrene.

Gangrene of the penis occurs in broken constitutions, from syphilitic phagedæna, or as the result of gonorrhœal phimosis. This is an exceedingly rare disease at the present time, owing either to non-Mercurial complication, or to the gradual decrease of the more virulent forms of syphilis. The treatment is like that for gangrene in other parts; which see.

IX. — Fibroid Tumor of the Penis.

The penis may become the seat of this formation, in common with other structures of the body; and the tumor maintains the same peculiarities that occur in the ordinary fibroid growth, and is treated the same as in other parts. (Consult Franklin's Surgery.)

X. — Hypospadias.

Hypospadias is an arrest of development in the mesial line of the penis, leaving a slit or a fissure connecting with the urethra; occurring on the under surface of the organ, and confined to the glans and upper part of the penis; though it occasionally extends backward to the root of the organ, cleaving the scrotum in twain, being sometimes erroneously considered as an example of hermaphroditism. (See Part XVIII., Franklin's Operative Sur-

gery, p. 657: "Malformation of the Urethra.") The treatment consists in plastic operations; though they are mostly incurable.

XI.—Epispadias.

Epispadias is the reverse of the former, where the deformity occupies the upper surface of the penis. It is a rare deformity, and is referred tc the condition termed extroversion of the bladder. (See Part XVIII., Operative Surgery, p. 657.)

SECTION V.

Various Affections of the Testes.

I.—Chronic Orchitis.

Chronic orchitis, or *sarcocele* of some authors, may be the result of an imperfectly cured acute orchitis; or it may be chronic from the commencement of the disease, resulting from gonorrhœa, or occurring as an independent affection. The epididymis is often the primary seat of the disease, which gradually involves the whole gland, which presents the appearance of an inelastic, uniform, oval tumor, exceeding two or three times the size of the normal testicle. The disease progresses insidiously; is more severe at night than in the daytime; the sensitiveness of the gland is largely lost. When it is accompanied with effusion within the tunica vaginalis, it is termed *hydro-sarcocele.* Its *pathological* structure consists of a yellow, solid lymph, effused into the substance of the gland, extending into the vas deferens, and deposited in the tubuli seminiferi. Its smoothness, uniformity, gradual progress, and the absence of glandular enlargement, distinguish it from malignant disease of the testicle.

Treatment.—Rest in a recumbent position, with applications of *Hamamelis, Belladonna,* or *Hypericum* lotions, the scrotum being supported by a hair pillow, as in all cases of inflammation of its external structures. Give one of the following remedies: *Aur., Clem., Agnus cast., Graph., Argent. nit., Bell., Kali carb., Kali jod., Lyc., Rhod., Merc.,* and *Rhus.* Strapping the testicle, and use of a suspensory bandage. (See "Orchitis.")

II. — Fungoid Growths of the Testicle.

These growths from the testicle, following orchitis, are of two varieties, *benign* and *malignant*. In the benign, the mass is granular, hard, very sensitive, not disposed to heal, and bleeds easily. The growth is paler and more consistent than the latter, with tumefaction of the cord. Pressure upon the testicle produces that peculiar sickening sensation resembling a healthy condition; while the malignant is soft and spongy, color darker, with frequent attacks of hemorrhage, and pressure upon the testicle gives no sickening sensation.

Treatment. — The remedies are *Merc. viv.*, *Phos.*, *Clem.*, *Calc. carb.*, *Ars.*, *Con.*, *Baryt.*, *Carbo veg.*, *Mez.*, *Kali carb.*, *Nit. ac.*, *Spong.*, *Oleand.*, *Thuja*. When remedial agents fail, castration is the only means of relief. (See remedies for orchitis.)

III. — Cystic Sarcocele.

Cystic sarcocele is an enlarged, somewhat elastic, indurated, lobulated, and globular tumor occupying the testis, attended with weight, heaviness, aching, and numbness, with an enlarged and varicose state of the veins of the cord. It is a rare disease, grows insidiously, with cystic fluctuation at its upper portion, resembling somewhat hydrocele of the cord. The enlarged testicle may become of very great size.

Pathology. — A stroma of various modifications of connective tissue in all stages of growth, in the midst of which are irregular epithelial spaces, which dilate and form cysts lined by epithelium. It may become malignant by degeneration, the stroma assuming the form of cancer, and the epithelium taking on the true carcinoma cells. It is said by Curling to be the result of morbid changes in the ducts of the rete testis. It may be confounded with hydrocele; but the absence of translucency, its globular shape, weight, and the varicose state of the veins of the cord, will determine its nature. An exploratory incision will solve all doubt, or the use of the aspirator will determine diagnosis.

Treatment in Dubious Cases.—*Apis.*, *Clem.*, *Calc.*, *Dig.*, *Ars.*, *Con.*, *Graph.*, *Lyc.*, *Plat.*, *Sepia.*, *Sil.*, and *Sulph.* I cured two cases of well-marked cystic disease of the testicle with *Apis* and *Conium*. Removal of the diseased gland is the last resort of the surgeon.

IV.—Enchondroma of the Testicle.

This is a frequent accompaniment of cystic sarcoma, and may appear alone, deposited in larger or smaller nodules, or infiltrating the gland. Its usual seat is the body; but it may invade the epididymis. When it attains a large size, it loses its purely cartilaginous character, and is found mixed with sarcoma tissue, and complicated with cysts, and merges into the disease just considered. For treatment, consult "Enchondroma," under the head of "Tumors," Franklin's Surgery.

V.—Cancer of the Testicle.

Cancer of the testicle, or malignant sarcocele, invariably assumes the encephaloid character, and is the only form of cancer ever occurring in that gland. *Symptoms:* Dragging pain and weight, with induration and enlargement; tense and elastic, but smooth and heavy; as it increases, it becomes rounded, doughy, or pulpy, sometimes hard and knobby; the cord becomes enlarged, hard, and knotty, and the scrotum becomes adherent to the growth; ulceration ensues; and finally a fungus projects, when all doubt will be removed as to the nature of the malady.

Treatment.—Refer to carcinoma. Removal of the organ is advised; to be of permanent service, it should be done early.

SECTION VI.

Stricture, Prostatitis, Etc.

I.—Spasmodic and Inflammatory Stricture.

Stricture of the urethra may be either *spasmodic* or temporary, *inflammatory* or pathologic, *organic* or permanent, involving three distinct conditions. In the first, there is a spasmodic action of the muscular tissues surrounding the urethra;—the result of high living, stimulation, exposure, free sexual indulgence in persons of excessive nervous irritability; irritation in the rectum, dependent upon ascarides, hæmorrhoids, fæcal accumulations, etc. The second proceeds from congestion or inflammation in the structures of the urethra, wherein an inflammatory stricture exists. It occurs in gouty and rheumatic subjects, suffering from irritability of the skin and mucous membrane.

The size of the male urethra, as influenced by the size of the penis, has been made the subject of much controversy. Dr. Otis contends that there always exists a constant relation between the size of the flaccid penis and the capacity of the urethra. Helmuth and others, on the contrary, maintain an opposite opinion; and my experience corroborates that of Professor Helmuth, "that a small penis may have a large urethra, and the tube may be of small caliber in an organ of good size." The urethra is subject to abnormal contractions along its whole extent. The portions of the urethra most liable to stricture are also a matter of dispute. I am inclined to accept the views of Dr. Otis, that a large proportion of strictures are found within the first *four inches* from the meatus, and they decrease in frequency as you measure toward the vesical opening. In one respect, however, all authors agree in assigning the most frequent position to be at the sub-pubic curvature. Small urethras are more predisposed to stricture than large ones: in all cases the danger of permitting gleet to run on indefinitely is very great, as it will almost invariably eventuate in stricture, and of itself should arouse the apprehensions of the surgeon as to the existence of stricture.

Treatment.—Spasmodic and inflammatory stricture yield readily to appropriate medication. In the early stages, prompt relief will be afforded by the sitz bath, hot sponge, or hot fomentations to the perinæum, Richardson's Nebulizer, Chloroform; or either of the following remedies, in accordance with their pathogenesis, may be given: *Acon.*, *Bell.*, *Canth.*, *Con.*, *Lach.*, *Graph.*, *Gels.*, *Camph.*, *Clem.*, *Dig.*, *Merc.*, *Eupat. purp.*, *Cann.*, *Nux vom.*, *Thuja*, *Petros.*, *Prunus spinosa*, *Sandalum*, etc. A soft, flexible catheter or bougie may be used after the inflammatory contraction has in part yielded, which may be employed from time to time, till all pathological conditions have yielded to treatment. (Consult "Special Indications," at the end of this section.)

II.—Organic Stricture.

Permanent or organic stricture is the result of inflammation in or near the urethra; it is due to the organization of plastic lymph during the inflammatory stage, either upon the surface or into the submucous areolar tissue; and is caused by ill-treated gonorrhœa, ulceration, intemperance, morbid urine, or traumatism. It varies in form, sometimes being annular, long, or one-

sided, and partakes of a gristly, cartilaginous material, blocking up and contracting the urethra. Its most frequent seat is in front of the pubic arch. Once formed, it tends to become worse.

Pathology. — Contraction gradually increases the size of the urethra behind the stricture, which dilates and becomes sacculated. The muscular coat of the bladder thickens and hypertrophies, sacculi are formed, and the mucous membrane is disordered. Its evil influences gradually extend backward, the ureters become distended and tortuous, the kidneys congested, and prone to inflammation. Calculi may be formed, and a general nervous depression is produced. It is not a disease of advanced life, except when it proceeds from venereal disease.

Symptoms. — Frequent desire to void urine, with pain and difficulty; stream diminished, twisted, forked, or scattered; urine dribbles away after evacuation; uneasy sensation in perinæum; itching at the glans, with gleety discharge. As the affection progresses, all symptoms increase; irritation extends to the testicles, prostate, and thighs. In bad cases, the urine passes drop by drop, with much straining; rigors or prostration; fits of retention take place, through congestion and spasm; pain during coitus, with a sense of heat and soreness in perinæum.

Treatment. — The first thing to be done in the treatment of stricture is to ascertain its locality and extent. To accomplish this, the urethra-meter of Otis is most reliable. It is introduced into the urethra closed; and, having passed it onward as far as the membranous portion, the surgeon turns the screw in the handle, until a sensation of fullness is felt by the patient, when it is gradually withdrawn till it engages the stricture. At this point the screw must be turned in the opposite direction until it is reduced to such a size that it will pass the obstruction. The hand on the dial will mark the size of the stricture. The *bougie à boule*, or the metallic bulbous sound, is also used to define the locality and extent of the stricture. Dr. Otis has invented a urethral endoscopic tube for viewing the interior of that canal. It is six inches in length, and from 17 to 19 of the English scale. Having ascertained the location and extent of the stricture, the next process is its cure, or rather to restore the canal to its normal caliber, and maintain it in that state. To the accomplishment of this object, the profession is greatly indebted to Dr. Otis, of New York, for his valuable suggestions and practical

experience in the treatment of this disease. The question then presents itself, whether we shall follow the treatment of Dr. Otis, of slitting open the stricture, divulsing it, or overcoming it by dilatation. The last of these processes is, I think, the best adapted for the cure of the stricture. These mechanical measures are: 1st. Dilatation by a bougie or sound; 2d. Dilatation by means of expanding instruments; 3d. By a catheter retained; 4th. By the caustic bougie; 5th. By incision from within; 6th. By external incision, or dividing it from the perinæum. Compensating strictures occur in front of the main one, and the anterior portion of the canal becomes alternately dilated and contracted by the stream of urine being deflected in an oblique direction after it passes the first obstacle. The point of impingement against the urethral wall takes on inflammatory action, and the result is a compensating stricture. Like all derangements of compensation, the secondary stricture relieves the morbid status of the primary one.

Early attention should be given to all disorders of the system, mental disquietudes, and especially those involving the pelvic organs; chastity, temperance, rest, early hours, warm baths, and remedies given to meet the various subjective symptoms that may arise. In this way very much relief may be obtained, and, in some cases, cures have been effected. The chief remedies are: *Dig.*, *Clem.*, *Eupat. purp.*, *Prunus*, *Sepia*, *Gels.*, *Bell.*, *Thuja*, *Nit. acid*, *Kali jod.*, and medicated plasters to the perinæum. When medication fails, then use the second class of remedies, which is to restore the urethra to its normal caliber, and to maintain it so. This is done by gradual or forcible dilatation, incisions, or electrolysis. Gradual dilatation consists in passing a graduated bougie from time to time until the urethra is restored. In very bad cases, use a horse hair, a filiform bougie, a whalebone guide, or a metallic sound. Be careful of the entanglement of the instrument in one of the lacunæ, and beware of *false* passages. A skillful hand will detect the slightest irregularity or accident. Remember, every stricture can be cured that permits the slightest flow of urine. Dilate *gradually*, if possible, and begin with the smallest filiform bougie, increasing the size from time to time till restoration of the canal. *Rapid and forcible* dilatation may be made when the stricture yields readily, and time is of the greatest moment to the patient. This is effected by divulsion (Otis's or Holt's dilators), or internal division by the urethrotome. In the

latter case, care must be exercised to divide the stricture *entirely*, which can be ascertained by passing one of Otis's bulbous sounds. In very resilient strictures, two or more attempts may be required to completely cut through the stricture: if success is desired, the division must be *thorough*. The operation requires great care, and an intimate knowledge of the structures, as well as considerable experience in manipulation. All internal operations are referred to two important principles: division of the structure *from* or *toward* the bladder, each process having its own advocates. I prefer dividing it from the vesical side to the meatus.

Dr. Otis, an ardent advocate of internal incision, thus writes: "I am a believer in the *true curability* of urethral stricture, notwithstanding that authorities are a unit to the contrary. I think I can bring evidence that will be convincing, that, in the great majority of cases of urethral stricture, a complete eradication of the trouble is within the reach of every competent surgeon. To warrant the reasonable expectation of cure, the stricture must be *completely divided* at some one point; and this cannot be with certainty accomplished without a knowledge of the *normal* urethral caliber. The normal caliber once ascertained by means of the urethra-meter, or by measurement of the flaccid penis, the method by which the sundering of the stricture at some one point is accomplished, may vary, and rests with the judgment of the operator. If dilatation or divulsion be selected as the medium through which to effect this result, the procedure must be carried far enough to *completely* rupture every fiber of the contraction; if division, *every fiber* must be completely severed, or subsequent recontraction is certain. Neither divulsion alone, nor simple urethrotomy, is capable of effecting this with any certainty. It requires a combination of those two methods to accomplish the desired result. My first dilating urethrotome was constructed for the purpose of meeting these necessary requirements, which has proved permanent so far as the principles of operation are concerned." He further adds: "In all cases of stretching *at or near the meatus*, I am accustomed to make the divulsion on the *inferior* wall of the canal, and very thoroughly, with a straight, bulb-pointed bistoury. The utmost freedom to the passage of the bulbous sound must be here insisted on, and not a single trace of contraction left uncut." As a means of preventing inflammatory action after operation upon the penis, Dr. Otis uses cold water, "by means of a small India-rubber tube arranged

so as to encircle the penis, and through which water of any desired temperature is carried by syphonic action." In none of the 100 cases reported by him, has subsequent dilatation been attempted or required, to effect a cure after the healing of the wound made during the operation. The use of sounds subsequent to the operations, is simply to separate the cut surfaces, and not for the purposes of dilatation, and their use is discontinued so soon as a full-sized bulb can be passed through and beyond the previous site of stricture, and withdrawn without a trace of blood accompanying or following the use of the instrument. "Recontraction of stricture after operation is simply due to the incomplete division; and this will, as a rule, be detected within one week, or at most, two weeks, by which time stricture tissue *distended*, not *divided*, will sufficiently recontract to become readily recognized by the full-sized bulb. If, then, no stricture can be recognized, the cure of the difficulty may be considered complete, and no further treatment will be required." The urethrotome of Dr. Otis, is one of the latest and very best instruments devised for that purpose. It is made to cut from before backward; and, in my hands, it has equaled its fullest commendation. Nevertheless, I hold it as a rule, that every stricture can be cured by dilatation, that permits the passage of the smallest filiform bougie through it.

All organic strictures of large and small caliber, are to be treated at first by dilatation; should this *fail*, other means will be required. In organic stricture, a surgical operation is of the first importance to consider; and the use of the bougie or sound is the first step to be taken, commencing with an instrument as large as the stricture will admit, that will pass the contracted part, and gradually increasing the different sizes till the urethra has been restored to its normal caliber. Having oiled the bougie thoroughly after warming it, introduce it carefully into the urethra, and pass it gently along till it engages the stricture; then press it onward cautiously, turning it in various directions, corresponding with the sinuosities of the urethra, till it passes the obstacle and enters the bladder. The *conical*, nickel-plated steel sound, an instrument made on the principle of the short curve, greatly facilitates introduction, especially when the stricture is at or near the triangular ligament, the point hugging closely the roof of the canal. The instrument, acting upon the double principle of the wedge and

lever, possesses considerable power, and should be used cautiously. My plan is to introduce as large a conical instrument as will pass the stricture, and, after letting it remain for five minutes or more, gradually withdraw it. The immediate effect of this is an increase of pain, urging to urinate, and a mucopurulent discharge, which subsides in a day or two, generally; if it does not, a few doses of *Sepia*, *Dig.*, *Cann.*, or *Clem.*, will soon dissipate it. In four or five days all inflammatory action will pass away, and the urethra will regain its previous condition. In forty-eight or even twenty-four hours more, the same instrument may be passed again, and be permitted to remain ten or twelve minutes. The third time it may remain fifteen or twenty minutes; and so on. Each time of instrumentation, the symptoms will be less aggravated; and improvement will begin earlier, and be more decided. It is not until the passage of the instrument produces little or no perturbation in the urethra, that a larger one may be used, in the same manner as the preceding; and thus we shall continue until the constricted portion of the canal is restored to its normal caliber. The great difficulty heretofore has been, that practitioners are too anxious to cure their patients in the quickest time possible. Nothing is more injurious to the patient, and more offends the delicate lining of the urethra, than this rapid and forcible method of cure. It is on this very account that we hear of so many failures to cure this disease, and complications that follow in the track of this method of rapid dilatation. The most satisfactory and effective treatment, especially by large instruments, is that detailed above, which should be continued till all symptoms of stricture have disappeared, and then gradually withdrawn, so that instrumentation will be effected once a month only, for two or three treatments. In this way, I have cured some of the most violent forms of stricture, that have been pronounced incurable except by operation, and I have seen these cases remain well for years without giving any evidences of urinary trouble. I am decidedly opposed to the old and baneful method of retaining an instrument in the urethra for days at a time, and only withdrawing it to cleanse and re-introduce.

Resilient strictures of large caliber, which are recognized by a gleety discharge and other accompanying symptoms of a narrowing of the urethral canal, are not so readily cured by the method of treatment just detailed. In these cases, it will be

observed, first, that the patient's general health antagonizes the cure by local means alone, as is evidenced by the tendency to catarrhal affections, and other disturbances of the mucous membranes, that first demand active interference on the part of the practitioner. Before treating the stricture, therefore, attention must be given to the cure of the patient's general condition, and especially to the hygiene of the sexual organs. Many of such patients have been permanently cured by marriage, after all other means, afforded by dilatation and incision, have failed; others have been permanently benefited by change of climate, and such general restoratives, including the continued wearing of a supporter, when preceding treatment, mechanical and otherwise, had effected little or no good. The continuance of this variety of stricture seems to depend upon some systemic dyscrasia which seizes the genital organs, probably on account of some hereditary or acquired weakness at this point, and there expends its disease-producing force: it is simply idle, therefore, to attempt to cure this stricture until the constitutional cause has been eradicated.

The really *resilient* strictures, that possess within themselves that "tenacious cicatricial and retractile" power to withstand advantageous dilatation, in which the symptoms yield but do not entirely disappear, are the most obstinate of all strictures to cure. If this stricture is situated under the pubic arch, it should be treated by gradual and continuous dilatation, or that method with which I have accomplished some of the most gratifying results; viz: electrolysis. If dilatation is employed it should be carried gently and persistently to the greatest limit of distention; then, by the use of one or more of the remedies recommended for urinary troubles, for a long time persevered in, the best and most satisfactory results will be produced. If, on the contrary, this kind of stricture is situated without the pubic arch, internal urethrotomy, thoroughly done, is not only a safe procedure, but it affords the best chance of success, not only in ridding the patient of all unpleasant symptoms connected with his disorder, but also of the necessity of employing further mechanical dilatation.

Organic strictures within the pubic arch, after dilatation to the extreme limit, will not always remain cured, except by the occasional use of instrumentation, from time to time, as circum-

stances demand; but, when we consider the danger that attends internal urethrotomy in such cases, it is far better to maintain the caliber of the canal by the occasional passage of a full-sized bougie during the rest of the patient's life, than to accept the risk that attends its internal division by any known method.

External Urethrotomy.—External urethrotomy may be justified only in exceedingly obstinate cases, in traumatism, or in impassable strictures. Syme's method, or rather modification of external incision, is the only safe and sure means of performing this operation from without. The patient is placed in the lithotomy position, a grooved director (after dilatation of the stricture) is passed through the stricture, the left forefinger as a guide introduced into the rectum, and a straight bistoury, its back to the rectum, is plunged into the median line of the perinæum, behind the stricture, and *into the groove of the director*, when the bistoury is made to divide the stricture from behind forward. Another method, which I hold to be preferable to this, is to shave the perinæum, introduce a capillary whalebone bougie (probe pointed) carefully into the bladder, pass along this a grooved metallic staff, engaging the free end of the guide, an assistant holding the staff and guide. The surgeon, after an examination per rectum, incises freely the skin and superficial fascia of the perinæum, along the median line, from the base of the scrotum to within half an inch of the anus. Dissect inward, till the urethra is seen, and divide it, the knife falling into the groove of the catheter. The edges of the urethral incision are kept open by loops of silk. After withdrawing the guide, the stricture and a corresponding portion of the urethra are divided by a modified canalicular knife. The catheter is now introduced into the bladder. I have performed this latter operation three times successfully; yet I regard it as a principle which should guide every surgeon, that, while a director or curved grooved staff can be made to pass the stricture, external urethrotomy is never justifiable: internal urethrotomy produces the best results. A catheter may be retained in the bladder by placing a ring around the penis, which is secured to the body, and attaching two pieces of narrow tape from the rings of the catheter to the ring around the penis. Another simple contrivance is to pass around the catheter a piece of thin gauze or linen, and make it encircle the penis; then put around all an India-rubber ring. A catheter may be retained in the female bladder by a T-bandage, and two narrow pieces of

tape attached to the two tails of the vertical portion of the roller.*

Electrolysis.—This is the best, most satisfactory, and most rational means of treating stricture, under any form or method. The *modus operandi* is as follows: "Introduce into the urethra an electrode, *soaped*, not oiled, one size larger than the stricture will admit (insulated to the tip), down to the stricture; attach to the *negative* pole of the battery; complete circuit by the broad sponge rheophore, moistened with salt and water, placed in the hand of the patient or upon some part of his body. As soon as the patient *feels* the current, the intensity is sufficient, and should not be increased beyond this point. Be careful to avoid all production of pain, keeping the electrode pressed in contact with the stricture, but not forced; in a few minutes we find the electrode slipping through the stricture easily. If a second stricture is found, treat it in the same way. Repeat this operation every few days, till the stricture is cured. A current from six to twelve cells of McIntosh's elements† is all that is needed. Great stress is laid upon the introduction of the *negative* electrode; as the positive produces an eschar which heals by cicatrization, and, instead of curing a stricture, will increase it. I have seen this method tried with most brilliant results in several cases. For subsequent internal treatment of the urinary and other troubles that arise during the local treatment recommended in this disease, see remedies presented under the heading of "Special Indications," at the end of this chapter.

III.—Retention of Urine.

Retention of urine must not be confounded with suppression, wherein no urine is secreted; but it is an inability to void the contents of the bladder. There are two varieties: the first, from a want of power in the bladder to perform the act; and the second, from an obstruction to the passage of urine. The first is due to some lesion of the spinal cord, followed by paralysis. The urine

* See section on "Bandaging," pp. 52–95. Franklin's "Minor Surgery."

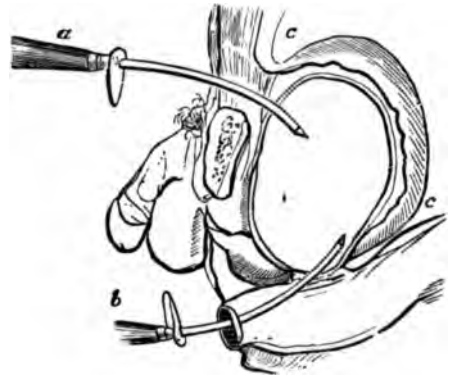
† McIntosh Galvano-Faradic batteries are by far the best instruments for performing electrolysis that I have ever used. I have been so many times disappointed in the use of other instruments, that I have at times abandoned the idea of this brilliant and successful method of cure. Since my attention has been called to the McIntosh instrument, I have made two remarkable cures of this terrible disease, and I cannot too highly recommend its use.

collects in the bladder, is forced out, and dribbles away by the urethra.

Symptoms.—Retention from obstruction; has an urgent desire to pass water, with inability; straining; pain, with great anxiety and distress; the bladder rises above the pubes, forming an elastic, fluctuating tumor, dull on percussion; if retention is not removed, the ureters become involved, the kidneys are affected with pyelitis, suppression, followed by coma and death. It frequently happens that the urethra yields behind the point of obstruction, and extravasation of urine results.

Treatment.—When retention results from stricture, or enlargement of prostate, the cause must be removed if possible, by catheterization; if this cannot be effected, try warm baths, Belladonna enemas, Chloroform, anæsthesia, Electro-Magnetism; conjoined with one of the remedies recommended under the head of

Fig. 6.



"Special Indications," at the end of this chapter. If all means fail, recourse must be had to puncture by trocar and canula, through the rectum behind the prostate, or above the pubes (Fig. 6), or by aspiration: the latter is by far the safest and freest from danger. After relief, attention must be given to removal of the cause.

IV.—Extravasation of Urine.

Extravasation of urine may proceed from the bladder or urethra, by ulceration, from surgical operation, by direct violence, by stricture, or by traumatism.

Symptoms.—Patient is conscious that something has given away, perhaps while straining; the rupture is in front of the triangular ligament; relief is afforded; soon the scrotum and lower abdomen become infiltrated with urine; the skin is stretched, crepitates, feels doughy, and, if not met with free incisions, sloughs and becomes gangrenous; inflammatory symptoms of an asthenic type follow; the tongue is brown; great prostration ensues, with a tendency to delirium. If extravasation is from injury, the rupture occurs in the urethra, perhaps in the bladder, the latter being most certainly fatal.

Treatment.—Free incisions, to give vent to the imprisoned urine, and the case treated as in gangrene.

V.—Urinary Abscess.

Urinary abscess is a frequent result of stricture, and follows ulceration of the urethra, terminating in abscess in the perinæum, taking its origin from the bulb or membranous portion of the urethra.

Symptoms.—It begins as a small, hard, circumscribed, and painful tumor in the perinæum, and increases steadily; produces some constitutional trouble, with weight and throbbing in the perinæum, heaviness in the loins, uneasy sensation at neck of the bladder, with shivering, nausea, and febrile manifestations; suppuration results, the pus is discharged naturally or artificially, and there remains a fistula through which urine continually escapes.

VI.—Urinary Fistula.

Urinary fistula forms most frequently in the perinæum, as a consequence of stricture or urinary abscess, as above stated. They are sometimes met with in the groin, inside of the thigh, and in the scrotum; they are usually single in the scrotum and penile portions of the urethra, but are numerous in the perinæum; they differ in size and tortuosity; the scrotum and penis become enlarged, indurated, and almost cartilaginous in structure; the urine oftentimes is entirely voided through these openings. Fistulas may likewise arise from injuries or falls, by which the urethra is ruptured; the urine is then extravasated into the loose cellular tissues of the perinæum and scrotum, where it occasions much inflammation and distention of the textures, merging, per-

haps, into gangrene and sphacelus, and becoming a disease of the most serious import. It sometimes lays bare the urethra and testicles; at others, it dissects its way in different directions, producing one or more fistulas, and endangering the patient's life. A very interesting case of this kind was presented at my clinic at one time, U., of M., where there were *two* fistulas, the one terminating in the rectum, the other above the pubes, and about midway between the symphysis and the anterior superior spinous process of the ilium. I operated upon this case after the rectal opening was occluded, by making Syme's external urethrotomy, opening into the urethra at the point of rupture, and introducing a seton into the pubic fistula, downward to the urethra, and emerging it at the perineal opening. Within three days I had the satisfaction of seeing all the urine pass through the new orifice alongside of the seton. I gave directions to have a strand or two of the seton removed every day or two after the stream was well established through the perineal opening, with the intention of closing and healing up the pubic fistula, and transferring it to the perinæum; and the boy returned home under the care of his physician, with the intention of returning to have the case completed. By some inadvertence, the seton came out; and, as a consequence, the perineal opening closed, and the urine again escaped through the pubic aperture. The case fell into the hands of another surgeon; several unsuccessful operations were made. The patient grew rapidly worse, and was sent home in a more serious condition than when he left me. Since then, I have no knowledge of the case.

Treatment.—The first thing is to dilate the urethra, and establish the natural channel for the urine. The next, to cure the fistulæ; this may be done by free incisions to the bottom of the fistulæ, and dressings applied so as to heal them from the bottom to the surface; it is often effected by constitutional and local remedies. The remedies of most service are: *Ars.*, *Berb.*, *Calc.*, *Carb. an.*, *Phos.*, *Puls.*, *Sil.*, and *Sulph.*; in small fistulæ, Cantharides in tincture injected into the sinus; incisions and Galvanism, and a urethro-plastic operation may be required.

VII.—Prostatitis.

The acute form is produced by gonorrhœa, injuries, irritation of the genitals or rectum, and exposure to cold or wet.

Acute Symptoms are pain; heat in perinæum; tenderness on deep pressure; frequent micturition, and with difficulty; painful evacuation of the bowels; rectal exploration denotes enlargement of the gland, and tenderness to touch; fever and thirst accompany; terminates in resolution, suppuration, or abscess.

Chronic prostatitis is common to old age, and comes on insidiously. There are weight and fullness in the perinæum, extending to the anus; pain with diminished power in voiding urine; urine cloudy; gleety discharge; pain in coitus and defecation, and sometimes spermatorrhœa, and cystic irritation; muscular fiber hypertrophied. Sometimes the whole gland is enlarged; at others, one lateral lobe; occasionally, the middle lobe, between the "ejaculatory ducts," is involved. This alters the course and dimensions of the urethra. It will be *twisted* when one lateral lobe is enlarged; *flattened* and *compressed*, when the posterior middle lobe is hypertrophied. As a consequence, the urine is passed slowly and with great pressure; incontinence, discomfort, and urinary tenesmus follow.

Treatment.—*Acon., Bell., Hepar, Puls., Merc., Thuja,* for the acute; and *Agnus, Alum., Bar. jod., Calc. jod., Con., Dig., Caust., Lyc., Kali hyd., Iod., Hepar, Senecio, Sepia, Sil., Puls., Thuja,* and *Sulph.,* for the chronic. Long continuance of the appropriate remedy is required. In the surgical treatment, use the long shaft and large curve, or ordinary sound. The vertebrated bougie is highly recommended in aggravated cases.

VIII.—Senile Hypertrophy of the Prostate.

This affection, peculiar to old age, consists of an hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. The increase may be but slightly above the normal size, that of a chestnut, to the bulk of a man's fist, or even larger. If it affects the whole organ uniformly, the prostatic portion of the urethra will be lengthened; if one side is involved more than the other, the canal will be twisted; if it affects the posterior median portion, the part which lies between the ejaculatory ducts, enlargement of what is called the *middle* or *third lobe* takes place, when the prostatic portion of the urethra is either very much narrowed, twisted, or obstructed, or it is extended into a sort of pouch, which eventually contains calcareous formation, thereby adding to the sufferings of the patient. *Fibrous*

tumors also are developed within the organ, involving more or less granular tissue, adding to the constitutional trouble.

The symptoms which are developed are slowness and difficulty in making water, weight in the perinæum, and tenesmus. The bladder becomes irritable, with frequent urination. The projection formed by the tumor prevents all the urine from being voided, a portion remains behind, decomposes, and becomes ammoniacal. Sometimes there is complete retention, with its attendant troubles; at others, the mucous coat of the bladder, irritated by the alkaline urine, inflames, and secretes a viscid mucus; and finally the kidneys become disorganized, the ureters dilate, and the urine continually dribbles away, and the patient dies exhausted. During the manifestation of these phenomena, the constitutional symptoms become more and more marked, fever, sweats, painful micturition, sleeplessness, and constant urinary irritation wear away the life of the sufferer. Physical examination per rectum will reveal the nature of the trouble.

Treatment. — *The urine, if possible, must all be removed from the bladder several times a day* by a prostatic catheter. Squires' vertebrated catheter is highly recommended for this purpose.

The medical treatment consists in the use of one of the following remedies, according to indications: *Agnus cast.*, *Apis*, *Alum.*, *Cyclamen*, *Copaiba*, *Dig.*, *Caust.*, *Hepar*, *Lyc.*, *Puls.*, *Secale*, *Selenium*, and *Sulph. acid.* The *Iodide of Potash*, *Iodine*, *Puls.*, *Calc. carb.*, *Sil.*, *Thuja*, and *Sulph.* exercise a curative control if given early. (See "Special Indications," below.)

Special Indications.

Aconite. — With great urging to urinate; great pain in micturition, or in milder cases when there is great pain in walking, especially going down stairs.

Aloes. — Sensation as if a plug was wedged between the symphysis and coccyx, pressing downward; incontinence of urine from enlarged prostate.

Apis Mel. — Excessive pain in vesical region; frequent desire to urinate; pressing down in the region of the sphincter; the calls to urinate are both day and night; severe pain in passing urine, as if some impediment prevented.

Causticum. — Pulsations in the perinæum; pain in urethra and bladder after a few drops have passed; spasms in the rectum, with renewed desire for micturition.

Chimaphila. — Sensation of swelling in perinæum when sitting down, sensation as if a ball was pressing against the perinæum; excessive itching and painful irritation of urethra from the end of the penis to neck of the bladder; prostatic disease, with waste of prostatic fluid; urine thick and ropy.

Conium. — Discharge of prostatic fluid on every change of emotion, with voluptuous thoughts, and itching of prepuce.

Copaiva. — Urine is emitted by drops; burning and sensation of dryness in the region of the prostate gland; induration of the prostate.

Cyclamen. — Drawing, pressing pain in the perinæum, and in and near the anus, as if a small spot was undergoing ulceration; increased when walking or sitting.

Digitalis. — Fruitless efforts to urinate, or discharge of only a few drops of urine, and continued fullness after micturition; throbbing pain in region of neck of the bladder during straining effort to pass water; increased desire to urinate after a few drops have passed, causing the patient to walk about in great distress, although motion increased the desire to urinate; frequent desire to defecate at the same time; very small soft stools passed without relief.

Hepar. — Discharge of prostatic fluid after micturition and during hard stool; also independent of either.

Iodium. — Swelling and induration of the testicles and of the prostate gland; incontinence of urine in the aged.

Kali Bichrom. — Stitches in prostate when walking; must stand still; prostatic fluid escapes at stool; painful drawing from perinæum into urethra; after micturition, burning in back part of urethra as if one drop had remained behind, with unsuccessful efforts to void it; stitches in urethra.

Lycopodium. — Pressing on perinæum near anus during and after micturition; stitches in neck of bladder and anus at the same time; urging to urinate; must wait long before it passes; incontinence of urine.

Oleum Sandal. — With sensation of pain and uneasiness deep in perinæum; desire to change position constantly to get relief; stream small, and passed with hesitation; sensation of a ball pressing against the urethra; pain decreased when walking; increased when standing some time; heaviness in the feet in the morning when first rising from bed; sexual powers weak; erections feeble; urine red and scanty. (Clinical.)

Populus. — Enlarged prostate; painful micturition; catarrh of bladder.

Psorinum. — Discharge of prostatic fluid before urinating; frequent scanty urine, burning and cutting in urethra.

Pulsatilla. — Painfulness in the region of bladder; frequent desire to urinate, dull stitch in the region of the bladder; spasmodic pains in neck of the bladder, extending to pelvis and thighs; fæces flat, of small size from enlarged prostate.

Selenium. — Prostatic juice oozes while sitting, during sleep, when walking, and at stool, causing a disagreeable sensation; the same sensation is felt shortly before and after stool.

Staphysagria. — Frequent and copious urination; burning in the whole length of the urethra, when urinating, for many days; frequent urging, with scanty discharge of a thin stream of red-looking urine; urging as if the bladder was not emptied; discharge of dark urine by drops.

Thuja.—Syphilis and sycosis, especially suppressed or badly treated gonorrhœa; stitches in urethra from behind, also from rectum into the bladder.

Remedies Indicated for Special Symptoms.—Escape of urine involuntarily drop by drop: Arn., Bell., Mur. ac., Dig., Petr., Puls.. and Sepia.

Difficulty in voiding urine; must press a long time before it flows: Alum., Apis., Hepar, Nuph., Sec., and Tax.

The stream of urine is small: Graph., Olean., Sars., Spong., Staph., Sulph., Tax., and Zinc.

Burning in the neck of the bladder while urinating: Cham., Nux., Petr., and Sulph.

After micturition, desire continues: Bar carb., Bov., Calc. carb., Caust., Dig., Merc., Ruta, Staph., and Zinc.

Impossibility to urinate: Dig., Sepia.

Continued desire to urinate: Amm. carb., Apis., Bell., Canth., Copaib., Dig., Iod., Merc., Mur. ac., Phos., Puls., Sep., Scilla, Sulph., and Thuja.

Pulsation in perinæum: Caust. Heaviness in the perinæum: Copaib. and Graph. In favorable cases, prostatitis ends in resolution. Badly managed cases suppurate, and abscesses extend and perforate into the rectum, urethra, or bladder, and discharge; other cases assume a chronic form, and by exudation, infiltration, and deposition of tubercles and cysts, produce a permanent enlargement.

SECTION VII.

Gonorrhœal Ophthalmia.

Gonorrhœal ophthalmia, or *ophthalmia gonorrhoica*, is an acute specific inflammation of the conjunctiva of the eyeball and lids, and characterized by a profuse discharge of yellow purulent matter, similar to that which issues from the urethra in gonorrhœa.

This disease is the most violent, rapid, and destructive to which the eye is subject. Frequently, when the patient applies for relief, the eye is irreparably injured; and, unless the course of the disease be promptly arrested, the eye will be lost.

In this form of ophthalmia, as also in the purulent or contagious variety, there is great danger that the conjunctiva will swell extremely and overlap the margin of the cornea, and lead to its sloughing, apparently by strangulation of the vessels by which it is nourished. When this condition occurs, it is called *Chemosis*.

Cause.—The disease arises from the accidental contact of gonorrhœal matter with the eye, and not, as some have supposed,

from a metastasis of the disease from the organs of generation to the eyes. In this way, the matter may be accidentally applied to the eye of a healthy person through the medium of cloths, towels, etc. Even children are sometimes thus contaminated. The disease presents symptoms similar to those of purulent ophthalmia, and to that disease affecting infants.

The disease is usually confined to one eye; if the other be diseased, it is because there has not been sufficient care to prevent inoculation.

Treatment.—Use *Acon.*, *Arg. nit.*, *Merc.*, *Bell.*, *Sulph.* Additional remedies are, *Sulph.*, *Sil.*, *Puls.*, *Lyc.*, *Aur.*, *Rhus*, *Spig.*, *Tussilago pet.*, *Thuja*, *Macrotin*, and *Euphorbin*. (See, also, "Leading Indications for Ophthalmic Medicines," below.)

Leading Indications for Some Ophthalmic Medicines.

Belladonna. — Pain, redness, and swelling; throbbing pain in the temples or eyes; flushed cheeks, glistening eyes, and great intolerance of light. One or more drops of the remedy may be mixed with half a dozen tablespoonfuls of water, and a teaspoonful given during the acute stage every hour, and afterward every three to six hours. Belladonna is often required when there are general feverish symptoms; or, a few doses of Aconite may precede Belladonna.

Aconite. — Ophthalmia, with quick pulse, dry skin, thirst, and when arising from cold. The early administration of this remedy, with the local use of compresses, will generally promptly relieve and cure catarrhal ophthalmia. For gonorrhœal ophthalmia, Dr. Angel recommends it every hour, with the topical application of ice, or iced water, and Aconite during the first stage.

Mercurius Sol. — Ophthalmia marked at first by a copious discharge of watery fluid, which afterward changes to mucus and pus; agglutination of the lids; smarting heat and pressure, with aggravation of the pains when moving or touching the eyes. There is considerable itching and irritation, but not much fever present.

Mercurius Cor. — In the most violent forms of acute ophthalmia, with extreme dread of light, or in chemosis, the 1st or 2d dec. att. of this remedy will often cut short the attack.

Euphrasia. — Catarrhal ophthalmia, with profuse secretion of tears, sensitiveness to light, stinging as from sand, and catarrhal inflammation of the frontal sinuses and of the lining of the nose. In simple catarrhal inflammation, profuse lachrymation being the chief symptom, it often cures without the aid of any other remedy. In severe cases it may be applied locally.

Argentum Nit. — This remedy is especially valuable in the purulent ophthalmia of children, which it cures rapidly and completely, without the local use of the nitrate. It is also valuable in chronic ophthalmia. Dr. Dudgeon highly recommends it as homœopathic to gonorrhœal ophthalmia; two to

four grains to an ounce of distilled water; a small quantity of the solution to be introduced under the eyelids with a camel's-hair brush once a day, or every two, three, or four days, according to the symptoms.

Phytolacca Decandra. — Itching in the eyes, aggravated by gaslight; chronic conjunctivitis, and rheumatic pains; reddish-blue swelling of the lids.

Arsenicum. — Obstinate ophthalmia in weak, nervous patients, particularly if the secretion be acrid, with burning, tearing, or stinging pains in the globe and lids, aggravated by light; paroxysms of pain; violent stabbings in the eye; eyeball feels like a globe of fire.

Phosphorus. — Chronic and obstinate cases which have resisted the usual remedies, with sensitiveness to light, heat and itching of the eyes, sudden attacks of blindness, black spots floating before the eyes, and secretion of viscid mucus.

Nitric Acid. — Purulent ophthalmia; swelling and redness of the mucous membrane and lids; secretion of viscid mucus or pus; burning and smarting in the eyes; photophobia; nightly agglutination; and pains in the bones and parts around the eyes. Nitric acid is required in cases originating in syphilis, or aggravated by Mercurial preparations.

Gelsemium. — Squinting; desire for light; orbital neuralgia.

Pulsatilla Nut. — Eyelids agglutinated; increased secretion of tears; neuralgic pains in the eyeballs.

Hepar Sulph. — Similar cases to Nitric acid, which it may follow, if necessary.

Arnica. — Inflammation affecting either the mucous membrane or the deeper structures of the eye, from mechanical injuries. In addition to its administration, the eye should be bathed with a lotion of Arnica (twelve drops to four tablespoonfuls of water). After well bathing the eyes, a piece of lint or linen should be saturated with the lotion, applied to the eye, covered with oiled silk, and secured by a handkerchief.

Accessory Measures. — Assiduous bathing, fomentations, hot medicated water compresses, etc.; astringent *collyria*, and sometimes surgical measures, are employed. In the treatment of the various forms of ophthalmia, with weak and imperfect vision generally, the causes of the disease should be correctly ascertained, so that they may, as far as possible, be guarded against or removed. Patients in crowded and unhealthy towns should resort to the country, at least for a time, where they may take daily out-of-door exercise, and enjoy a pure, bracing air. Frequent careful tepid washing of the eyes to prevent accumulations of matter; the occupation of a spacious, well-ventilated apartment; and avoidance of all causes likely to keep up the inflammatory process, are necessary precautions. The food should be plain and nourishing, coffee and fermented drinks being excluded; the habits early and regular; and frequent bathing

should be practiced. A small *wet compress*, covered with oil-skin or India-rubber, worn over the nape of the neck, is a valuable counter-irritant when the more violent inflammatory symptoms have been subdued; it is also useful in obstinate cases. The alum curd poultices I have used with good results.

SECTION VIII.

Gonorrhœal Rheumatism.

Gonorrhœal rheumatism differs from ordinary rheumatism in that it follows one or more attacks of gonorrhœa. It has pain, swelling, weakness, and rigidity of the *larger* joints and overlying muscles. The knee-joint is most frequently attacked; motion increases pain; the affected parts are inclined to become cold, are sensitive to damp and changeable weather; fever and pain are not so marked as in ordinary arthritis; generally occurs toward the decline of gonorrhœa. Attacks in preference young people of a delicate, strumous habit.

Treatment.—The remedies are: *Acon.* or *Gels.* in the first stage; subsequently, *Bry.*, *Clem.*, *Kali jod.*, *Kalm*; aggravated by motion, *Mezer.*, *Sarsap.*, *Sulph.*, *Thuja*, *Cimicif.*, *Euphorb.*, *Rhus*, *Sep.*, *Stram.*, *Verat.*, and *Phytol.* The hot springs of Arkansas are highly beneficial.

Special Indications.

Aconite.—During febrile disturbances; when the large joints are affected, with little rigidity; when the heart is attacked, with congestion and a sense of anguish; in rheumatism of the shoulders.

Bryonia.—When the lower limbs are affected; severe pains in the joint; heat and dryness of the parts; severe pains shooting down the limbs; shining, red swellings; greatly increased by motion.

Arnica.—Stiffness in the large joints; tearing pain in the smaller joints, with a tearing, bruised sensation.

Causticum.—In rheumatic swellings and stiffness of joints; enlarged joints with tophi; contraction of tendons; shooting and tearing pains, especially in chronic cases and scrofulous patients.

Cimicifuga.—Local forms of rheumatism, with muscular implication; heart affections; wandering pains.

Rhus Tox.—When sheaths of tendons and muscles are most affected, tightening, lameness, tearing, bruised, and sprain-like pains in the larger joints; aggravated at night by the warmth of the bed, or when beginning to

move after rest; lessened by gentle and continued motion; chronic thickening of joints; affection of periosteum.

Rhododendron. — Pains worse during rest, in the warmth of the bed, and with every unfavorable change of the weather, especially when easterly winds prevail; swelling and redness of both large and small joints; tension and rigidity.

Pulsatilla. — When ankle, instep, or knee is affected; fugitive pains in various parts of the body; pains moving from one point to another, especially in females with menstrual irregularities.

Mercurius. — Puffy swelling of joints; pains deep-seated in the bones or joints, increased by warmth and at night; profuse perspiration, which does not give relief.

Phytolacca. — Chronic cases, with swelling and stiffness of joints, even to loss of motion in the limb; when periosteum is implicated. (Consult Guaiacum and Mezereum.)

Sulphur. — After remedies when improvement halts; to complete the cure begun by another remedy; hereditary taint, or when associated with eruptive disorders.

Ledum. — Rheumatism of small joints, fingers and toes; chilliness.

Dulcamara. — Rheumatism from exposure to wet, changes of the weather from dry to damp increases pains; relieved by rest.

Colch., Coloc., Bell., Kali bichrom., Ranunc. bulb., Mang., may be advantageously employed as accessories.

Rheumatic patients should always wear flannel and warm clothing to guard against atmospheric changes. Protect the feet from cold and damp. Occasionally warm salt-water, vapor or hot-air baths, are very useful. Diet should be easy of digestion, and all condiments be avoided.

SECTION IX.

Gonorrhœa in Women.

Gonorrhœa in women is a much less formidable disease than in men, arising from the fact that the parts inflamed are comparatively less sensitive, more expanded, and structurally more simple.

The *symptoms* are much less acute than in males, and it is much more apt to degenerate into a chronic gleet. Complications are bubo, and ulceration of the neck of the womb. The discharge may proceed from either the external parts; the labia, nymphæ, meatus urinarius, vagina, or from the cervix uteri.

When it involves the cervix, it will be associated with superficial ulceration. Differentiate carefully between it and leucorrhœa, and the various discharges that follow simple derangement of the uterus and urethra. Verminous affections produce purulent discharges of the vulva in young girls. The presence of urethritis, accompanied with acute inflammation, is the strongest symptom of gonorrhœa. There is frequent desire to pass water. The speculum should be employed in all doubtful cases.

It occurs under four forms, gonorrhœal *vulvitis*, *urethritis*, *vaginitis*, and *uteritis*.

Symptoms.—There is urgent desire to pass water; heat; burning, swelling, and discharge, muco-purulent and offensive; attended with swelling and irritation of the clitoris; the mucous membrane is reddened and tumefied, with high inflammatory action.

G. Vulvitis.—This form attacks the external organs of generation; the symptoms are heat and pruritus; the mucous membrane is of a deeper red than usual, moist and slightly swollen; and it is followed by scalding on urinating, bearing-down pains, and a feeling of weight in the external genitals. The discharge at first is albuminous; assumes soon a purulent character; irritating and offensive, which occasionally gives rise to nymphomania, a most distressing complication. Small abscesses sometimes form in the vicinity of the vulvo-vaginal glands.

G. Urethritis.—This is rarely met with in the female as a distinct affection; it is associated with vulvitis. It is indicated by a burning urethral pain, intensified during micturition; the discharge is slight; lips of the meatus, red, swollen, and painful. The finger introduced per vaginam, detects a thickening of the urethra; upon pressure against the pubic arch, it feels like whip-cord; abscesses sometimes form in the vagina and perinæum, and the glands of the groin enlarge and suppurate.

G. Vaginitis.—This is the most frequent seat of the disease, the membrane looks red, is hot, and devoid of moisture; itching, smarting pain exists, with frequent micturition; the vagina feels hot and puffy, and soon there exudes a large quantity of yellow, or greenish, muco-purulent matter. In a few days the discharge diminishes, and the disease becomes chronic and difficult to cure.

The anterior half of the vagina, immediately under the arch of the pubis, is the part most affected, which presents an aphthous appearance when examined with the speculum.

G. Uteritis.—Vaginitis extends sometimes to the internal surface of the uterus, when it becomes a severe disease, and difficult to manage. The ovaries may become implicated, the general health undermined, and the reproductive processes interfered with. The os becomes excoriated, the uterus congested, and there exudes from it a gleety, whitish matter, offensive, and at times quite abundant. The diagnosis between it and leucorrhœa can only be made in some cases by inoculation.

Treatment.—For vulvitis, *Acon.* and *Merc.*, in the acute stage; *Thuja* and *Sulph.*, in its chronic form. For vaginitis, *Acon.*, *Bell.*, *Merc.*, and *Puls.*, in the acute form; *Sepia* and *Creosote*, in sub-acute varieties. For urethritis, *Acon.*, *Cann.*, and *Canth.*, in the active stage; and *Copaib.*, *Petros.*, *Cubeba*, and *Sulph.*, in the chronic. For uteritis, *Acon.*, *Canth.*, *Nit. acid*, and *Merc.*, for the acute type; *Sepia*, *Plat.*, and *Alum.*, for the sub-acute. Great cleanliness, warm fomentations, and medicated lavements of *Alum.*, *Hyd.*, *Tannic acid*, and *Borax*, will be found very serviceable during treatment.

The treatment is the same as that recommended for the male. Frequent ablutions and injections should be employed. The vagina should be well distended with the injection. This is an important auxiliary in the treatment, and should be insisted upon. The fountain syringe and the vaginal douche is one of the best instruments for the purposes of injection. Hip baths are valuable auxiliaries. The temperature should be regulated according to the feelings of the patient. Hygienic measures should be rigidly enforced, and sexual congress prohibited for at least ten days after all evidence of the disease has passed away.

Rest and absolute cleanliness are two of the essential indications for the treatment of vaginal and urethral inflammation in the female. Beside the injections recommended, the parts should be constantly moistened with a lotion of *Boracic acid* and a very weak per centage of *Carbolic acid*, or, what I have employed with good effect, a mild solution of *Hydrastis* and *Rose-water*. Cloths with either of these lotions should be constantly applied to the external labia. An occasional sitz bath, of agreeable temperature to the patient, will be found a grateful as well

as a curative measure. Abscesses are prone to form in the vulvo-vaginal glands without these precautions, and sometimes they appear in spite of our best directed treatment. In such cases I have used alum curd poultices applied as warm as they can be borne and the inflamed portions covered. They should be applied often and possess considerable density to effect the most good. If pus forms it should be discharged, as recommended in my work on the Science and Art of Surgery, by hyperdistension, etc. Sometimes fistulas follow these abscesses and become very troublesome; they should be treated either by stimulating injections, the slightly caustic tent, or by excision. The latter procedure is by far the most certain of success, and consists in cutting into the fistula in correspondence with the long axis of the labium and dissecting out the inflamed tissues and dressing the wound with *Hypericum* or *Calendula* lotions.

Vaginal Injections.—To bathe the vagina properly in all cases, the patient should lie on her back with the hips elevated somewhat above the shoulders, the nates lying either upon a bed-water-pan or a fold of Indiarubber cloth, in which a drain is made to conduct the fluids into a vessel as they flow out from the vagina. The temperature of the water to be used before the injection is applied, should be as warm as the patient can bear, and the vagina must be thoroughly and effectually cleansed from all impurities before the medicated injection is employed, which should not be warmer than 96° Farenheit. This must be so employed as to come into contact with every portion of the inflamed mucous membrane, and the most effectual method to accomplish it is to have the nozzle of the syringe, warmed and well oiled, carried along the posterior vaginal wall until the bulb reaches the upper portion of the cul-de-sac behind the posterior lip of the uterus; the force applied should be gradual and not too hastily performed, for in the posterior cul-de-sac will be found the accumulated secretions in greater quantity than in other portions. In this manner the injection employed will cleanse out the vagina from within outward, and the vehicle used will carry with it all the accumulated secretions in the canal.

The injections to be used are the same as recommended for the male urethra.

As soon as the inflammation has subsided, which will be recognized by the diminished and thinned discharge, examinations

by the speculum should be made to ascertain if any eroded spots of congested membrane appear; if so, they should be touched daily with a camel's hair pencil dipped into a strong solution of *Tannic* or *Boracic acid*, or perhaps a weak solution of *Nitrate of Silver*. The after dressings of tampons of absorbent cotton, for the purpose of absorbing the discharges as they are thrown off, will prove an excellent auxilliary to the local applications above indicated. These tampons, or bullets, may be tied together by a silk ligature, in form resembling the tail of a kite, and introduced through the speculum. This method of application materially assists the healing process within and permits the bullets to be readily withdrawn. See Franklin's Minor Surgery, apparatus of dressing, page 44.

A *lingering, chronic urethritis*, mentioned by some authors, which gives no symptoms, yet emits a single drop of pus by pressing the urethra from behind forward in the intervals between urination, can be finally cured by the application of a solution of *Picric acid* (one grain to three ounces of *Rose water*) injected into the urethra in very small quantities and permitting it to flow out by the natural contractility of the parts will be found an exceedingly efficacious remedy. In very obstinate cases, when resistance to all other treatment marks the stubbornness of the disease, a prompt and sure cure will be found in quickly passing through the urethra a pointed stick of solid *Nitrate of Silver* once or twice at weekly intervals.

Chronic discharges from the cervix of the uterus or vagina, the remnants of an old gonorrhœa or other deranged condition of the vaginal mucous membrane, yield to the same persistent and well applied means that are employed to cure other discharges of the vagina that are not due to virulent causes.

CHAPTER II.

Chancroid.

CHANCROID is the simple, soft, non-infecting sore, or local contagious ulcer, unaccompanied by any prominent or perturbing influences in the system. The recent developments of the

disease, and the present unsatisfactory condition in which its kin disorder, *chancre*, is held by those who have abundant means of observation, and the many theories propounded in reference to its course and effects, are evidences of the still undetermined nature of the disease, and the progress made toward a keener realization of its true character.

Pathology.—The period of incubation is short, say from twenty-four hours to the third day after infection. It begins as an ulcer, which develops immediately after absorption of the poison. Its shape is round or oval, and only becomes irregular from the fusion of multiple pustules; the edges are clean cut, perpendicular, often everted and undermined; it is seldom single; is rarely present except on or near the genitals; is of a yellowish color, with a reddish areola around the sore; is auto-inoculable, and is situated in the sulcus between the prepuce and the glans, and at the sides of the frænum. (Fig. 7.) The germ of the chancroidal virus having been deposited upon the exposed surface, the work of local destruction begins at the moment of its contact. The base of the ulcer is soft, and can be easily compressed between the fingers. The discharge from the surface contains pus globules, or degenerate leucocytes, mixed with the debris of the tissues. The lymphatic glands in the groin soon become involved, inflame, and generally suppurate; but the system does not become infected. Therefore, no constitutional symptoms occur. Uncomplicated chancroid soon gets well, and the only result is a trifling local scar: malignant chancroid, on the other hand, is attended by serious complications, but it never produces syphilis. The damage it produces is purely local; by its severity and extent, it may lead to distressing results, such as phimosis, the complete closure of the meatus urinarius, an opening into the urethra, or stricture of the rectum; but these consequences are exceedingly rare.

Fig. 7.

The Bubo of Chancroid.—The term bubo is no longer confined to enlargements of the inguinal glands, but is applied to all swellings of lymphatics in any part of the body, when the immediate cause is a recent venereal ulcer.

I shall divide bubo into four varieties; viz., the *simple*, the *indolent*, the *virulent*, and the *spontaneous*. The three former are

of the venereal type: the latter may be produced by a strain, cachexy, local injury, or indolent ulcer on the leg. Rarely the sore spreads deeply and rapidly, and this only when Mercurialization has been produced, or when a peculiar constitutional dyscrasia exists in connection with the chancroid.

About two-thirds of all chancroids remain purely local, the other third is attended with bubo, which may be either inflammatory, and resolve itself, or indolent and suppurate. The term bubo I shall apply to enlargement of any lymphatic gland in the body, having for its immediate cause a recent venereal ulcer. It is more common in men than in women; and in strumous, lymphatic constitutions, rather than in those of a vigorous type.

The Simple Bubo.—In the simple bubo, as a rule, only one gland is affected; it occurs early, within a week or two after the chancroid is developed. It begins with a sensation of stiffness in the groin, is sensitive to pressure, and painful from walking and ascending stairs. The pain keeps pace with the increasing enlargement; it becomes red and œdematous, and soon a central soft spot appears, indicating suppuration; and, if left to itself, it opens and discharges.

The Indolent Bubo.—The indolent bubo occurs in impaired constitutions; it grows slowly, involves the neighboring lymphatics, and all become matted together by inflammatory changes into a compound tumor. Increasing in size, it presents a livid, shining, dead hue, sometimes smooth, œdematous, and increases to the size of an egg, occupying the folds of the groin. Its course is variable: at times it becomes peri-glandular, when it opens through the skin with one or more small perforations, which discharge a small amount of sanious fluid, containing a few pus corpuscles. The glands do not break down; but the discharge may continue for months, and even years, if not attended to, leaving rigid fistulæ to discharge interminably.

The Virulent Bubo.—The virulent bubo is a subcutaneous chancroid, and is a violent form of the indolent type, and, when opened to the air, its true chancroid characters begin to appear. The cut edge of the skin is immediately inoculated, and the whole cut-border ulcerates, and the opening grows larger by being eaten away by the advancing ulceration. The borders of the ulcer become hard, livid, and undermined; the integument adjoining the ulcer assumes a dusky, purplish hue, and sloughs away. The floor of the abscess is uneven, pultaceous, irregular,

worm-eaten, and discharges an ill-conditioned pus, inoculable upon the sufferer. It has all the appearances of a true chancroid, and is subject to all the conditions and complications to which a chancroid is liable. Phagedæna may attack this kind of bubo in either the sloughing or serpiginous form, the latter of which is the most common. Its course usually is upward over the abdomen, destroying the connective and cutaneous layers down to the deep fascia, sweeping away everything except the glands, leaving a raw, ulcerated spot in the groin and over the abdomen as large as the hand.

The *Spontaneous Bubo.*—This is a simple lymphangioma, arising from a strain, fatigue, struma, cachexy, local injury, etc., and has no connection with either chancre or chancroid. Its accidental position in the groin only gives it interest in a differential point of view from the general bubo of the chancroid ulcer.

Treatment.—Local treatment consists in touching the ulcer in the early stage, or pustule when first discovered, with strong Nitric acid, and in light dressings of *Calend.*, *Acid nit.*, or *Hydrastis.* The constitutional remedies are: *Acid nit.*, *Acid carbol.*, *Ars.*, *Caust.*, *Merc.*, *Carbo veg.*, *Cinnab.*, *Kali bi.*, *Lyc.*, *Phos. ac.*, *Sepia*, *Sil.* If the inguinal glands become inflamed, they must be treated the same as inflammation of glands under other circumstances, by hyper-distention, etc. Whenever the system is impaired by any cause, attention should be given to its reinvigoration and support. If any complications arise, such as phagedæna, or any of its varieties, which is rare nowadays, good results may be obtained by the internal use of *Arsenicum*, *Carbo veg.*, *Bromine*, *Kali chlor.*, *Graphites*, *Nitric* and *Sulphuric acids*, *Stillingia*, *Tartar emet.*

Treatment of the Simple Bubo.—The simple bubo may frequently be aborted by rest, antiphlogistic regimen, vesicants, or irritants to the skin, such as a mild tincture of Iodine, poultice of horseradish, local application of Chloroform, pressure applied to the gland, the tincture of *Aconite* or *Belladonna*, applied to the part several times a day with a camel's-hair brush. The two latter I have found more efficacious than either of the preceding remedies. Hot applications are much preferable to cold as an abortive agent. *Hepar sulph.* or *Mercurius*, given internally, with either the Aconite or Belladonna application, I have seldom been disappointed with. If the bubo put on a decided inflammatory

type, Aconite is the better remedy; but, if the gland possess more of a congestive character than inflammatory, Belladonna is my favorite local agent for aborting the growth.

If, in spite of all our remedies, the bubo goes on to suppuration, my plan is to evacuate the contents of the abscess with a fine aspirator needle; and, after throwing into the cavity a syringeful or two of equal parts of the tincture of Calendula and water, withdraw the needle, and apply firm pressure over the gland. When two or more glands were involved in the inflammatory process, and the parts were highly inflamed, red, and painful, I have used a poultice, applied as *hot* as the patient would permit, of ground flaxseed, or elm bark, moistened with either Aconite or Belladonna, according to the severity of the inflammation. As soon as the slightest degree of pustulation is discovered, open freely, and let out the discharges, and treat as before indicated. In making an opening into the abscess, let the direction of the bistoury be along the fold of the groin; if bleeding should be in excess, touch the oozing surfaces with the liquid Persulphate of Iron, and apply wet dressings of Calendula lotion, retained in position by the crossed bandage of the thigh. Change frequently, and see that the parts are kept perfectly clean. Cut off all the hair in the vicinity of the inflamed gland, to avoid accumulating filth, and treat as a simple abscess.

Treatment of the Indolent Bubo. — This variety of bubo cannot be aborted so readily as the simple kind; although I have succeeded in entirely cutting short the inflammatory process, by saturating a pledget with *Belladonna* lotion, applying it to the enlarged gland, and placing over it a strong, unyielding hernia truss, keeping up the p ssure externally; while *Hepar sulph.* or *Mercurius sol.* is given internally, to counteract the formative processes of suppuration. The dry sponge, applied firmly to the part, and moistened with Belladonna lotion, has also proved valuable in my hands. I have employed the strong tincture of Iodine as a derivative, but with little success. The skin becomes dark, cracks, and becomes sore; then little good can be accomplished by the external use of Iodine. Keys endorses highly "the punctuate cauterization, applied with Paquelin's thermo-cautery. The platinum point is first brought to a white heat, kept at that point of temperature, and rapidly touched upon the skin over the tumor, at twenty to fifty different points, according to the size of the lump." The pain produced by its application, and the moral

effect upon the patient, is enough, I think, to debar any extended observations in this direction, when such gentle curative agencies as those given above, are at hand. If the abscess is large, and suppuration exists, it should be opened, its contents be evacuated, and treated like an indolent abscess in other parts of the body. The local applications above mentioned, with the internal administration of one or more of the following remedies, will be found ordinarily sufficient for the cure of the worst cases: Arsenicum, Mercurius cor., Cinnabar, Mercurius jod., Nitric acid, Kali jod., Kali bichrom., Graphites, Hepar sulph., Carbo veg., Lachesis, Silicea, Sulphuric acid, and Thuja. They may be selected according to the *special indications* given below.

Treatment of the Virulent Bubo.—The virulent bubo should be treated differently from the preceding, from the fact of the threatening suppuration, which advances with considerable rapidity. Any erosion or abrasion of the skin will furnish fresh foci for inoculation with the discharged pus. Hence prompt action should be had, and the gland opened, by a long, free incision; the sooner the better. It is advised, that the integument be divided from without inward, and the suppuration be permitted to discharge freely. In certain cases it is recommended, if the suppuration is peri-glandular exclusively, to remove the gland at once unopened. The cut edges will take on the ulcerative action, and a large, open, virulent chancroid will be formed. Here cleanliness will accomplish much, and attention must be given to the administration of such remedies, internally, as will antagonize the chancroidal virus, promote the healing process, and establish the cure. The applications recommended in the indolent variety will accomplish much here. The general detail of treatment will correspond with that of ordinary chancroid.

Special Indications for the Three Varieties of Bubo.

Nitric Acid. — This may be used when Mercurius has been employed without any benefit; when the ulcer is ragged, painful, and disposed to spread. It is a formidable antagonist to chancroid, especially in strumous, cachectic, or impaired constitutions; raised edges; bleeds easily; granulations pale, flabby, prominent. It gives splendid results applied locally.

Arsenicum. — In indurated buboes with gangrenous edges; florid and elevated granulations; the margins bleeding at the slightest touch; the discharge thin and offensive; the margins are jagged, sharp, undermined, and livid; intense burning pains; gangrene threatened, with a livid or mottled appearance of the sore, and the formation of a black slough; falling-off of the hair and nails.

Kali Jodatum. — In scrofulous constitutions after Mercurius and Nitric acid have been tried unsuccessfully; the ulcer is hard, indolent, and suppurating with difficulty; the discharge is curdy, discolored, and foul smelling, especially if the spermatic cord is thickened and painful.

Lachesis. — When there is considerable prostration: the parts are extremely livid and mottled; in phagedenic ulcer, gangrenous ulcers and blisters; the sore is flat and spreading.

Belladonna. — Large and painful buboes, with congestive type of inflammation; the skin is of a deep red color, disappearing under pressure, and returning slowly after the finger is removed; phlegmonous inflammation extending to adjacent parts.

Causticum. — In buboes secreting an acrid, corrosive pus, with systemic complications, such as scurvy and gout; chancroid, with disposition to fungous growths; patients subject to cutaneous eruptions.

Sepia. — Indolent chancroids, with burning itching, humid or scurfy herpes about the parts; eruptions extending to the glans and prepuce.

Phosphoric Acid. — Buboes with raised edges; granulations pale and flabby; margins of sore thick, rounded, and prominent; corroding, itching herpes on the prepuce; heat, burning, and soreness when sitting or walking; nocturnal pains in the bones, as if they were scraped with a knife.

Phytolacca. — Inguinal glands inflamed, swollen; ulcers appear as if parched out; lardaceous bottom, with general weakness and prostration.

Local Treatment. — A solution of *Chloral Hydrate*, ten parts to one hundred parts of water, is an excellent topical application in the simple and indolent varieties of bubo; but it fails to produce much good in the virulent form.

Phytolacca dec. I have employed this in obstinate cases of indolent bubo, when all other remedies of the first class had failed.

Carbolic acid. A weak solution of Carbolic acid, applied locally, is highly recommended.

I have frequently tried Ricord's great and vaunted remedy, which he styles the "born enemy" of phagedæna, in those violent forms of the virulent bubo, with good results. I believe it will accomplish more good than the caustics in ordinary use, such as the Vienna paste, Potash, and the actual cautery. I have employed it prepared as follows; viz.: *Ferri et Potassæ tart*, half an ounce; water and sirup in equal quantities, each three ounces. Of this I have given one teaspoonful three or four times a day. It can be employed as a topical application as well, and certainly possesses remarkable virtues in checking the disease, and restoring the ulcerated surfaces to a more healthy condition.

Chromic acid has been successfully employed by Dr. T. G. Comstock, of St. Louis, Mo., who claims that it possesses highly

curative powers in the more virulent forms of bubo. He says he has cured in thirty hours the most intractable ulcers of this class, that resisted all previous efforts; he succeeded perfectly, not only in thwarting the spread of the ulcer, but changed its phagedenic and ill-conditioned character to that of a healthy granulating surface. It certainly deserves an extended trial, vouched for as it is by the authority above mentioned.

The frequency with which local applications are to be renewed, depends upon the quantity and character of the secretions. Cleanliness should be rigidly enforced, and the patient should be allowed a wholesome, generous diet. Due attention should be given to hygienic influences, and the patient be placed under the most favorable conditions of health.

Anal and Rectal Chancroids are among the most obstinate and difficult to cure of all others wherever they may be situated, on account perhaps of the unfavorable locations of these sores, as well as the daily dilations and contractions of the tissues by fæcal evacuations, and the almost impossibility of maintaining cleanliness and the required applications. Frequent applications of medicated lotions, mentioned on page 12, containing *Carbolic acid* or *Chlorinated soda*, perfect rest in bed, with a constant use of *Iodiform powder* sprinkled upon the ulcerated surfaces during the intervals of the medicated lavements furnish the best means of cure. When stricture of the rectum follows, as the result of these long existing chancroids, extirpation, linear rectotomy, or resection of the constrictor ani are the only means that promise permanent relief or a sure cure. When chancroids appear at the *external* margin of the sphincter, thorough cauterization is the most reliable remedy; but this is inappropriate when the ulcers are situated within the constrictor. When they appear at the verge of the meatus urinarius and not involving the inner portion of the urethral membrane, cauterization is effectual; but if they extend far within the urethra, little can be done by way of local treatment—they do best by being let alone, their ultimate effect being a stricture of the urethra.

Sub-preputial Chancroid is an ulcer of the chancroid type concealed within a closely fitting prepuce, attended with pus-like discharge and a little tumor occupying the corona or the furrow just behind it, which can be felt by careful manipulation. These chancroids are more readily treated than the preceding, and an

easier access is gained to the diseased part. Here cleanliness effected by repeated ablutions of medicated lotions thrown into the posterior portion of the glans by means of a long flattened nozzle attached to an ordinary penis syringe, cleanses the parts and keeps the pus from accumulating behind the corona-glandis. Injections of *Hydrastis, Boracic acid* or the *Permanganate of Potassa* should be applied warm and frequently. Keys recommends *iodoform* mixed thoroughly with *Balsam of Peru* as an excellent remedy. If the prepuce becomes very much inflamed, with danger of Phymosis, the more active interference of the knife may be employed and the prepuce be slit open, when an easy access is gained to the inflamed parts; then apply the lotion as above indicated. Generally the progress of these chancroids is slow, and very much can be gained by early and continuously applied cleanliness and medicated lavements.

Chancroid of the Preputial Margins if situated on the border and readily exposed, may be cauterized with great advantage; but if they undermine the prepuce and extend within, deep down toward the corona, they should be treated like the preceding. When they attack the frenum it is better to divide the bridle and forestall the slow action of pathological division by the corrosive chancroid. If the artery of the frenum should be accidentally ruptured or destroyed by the phagedenic process of ulceration, the bleeding may be prevented by passing a tenaculum through the frenum and throwing around it a stout silken ligature, which is made to embrace the bleeding vessel, and then cut off short and treated as before advised.

Chancroids of the Vulva and Vagina require great care in their manipulation. If they be quite recent, cauterization may be effectual, but if they are old they are best treated by the means before advised, such as cleanliness, disinfectant medicated lavements, *Iodoform* applications. The speculum should always be employed and the parts well exposed so that cauterization may be done with exactness and thoroughness. Make a thorough search of the whole surface extent of the vagina so that none escape the curative process of the surgeon. Follicular chancroids on the external vulva at the roots of the hairs, are quite frequent in women, and when they take place in these locations are readily cured by the processes already recommended.

Chancroid of the Fingers. — When the finger of the surgeon becomes infected by chancroid, it should be instantly cauterized and covered with *Idoform* and *Balsam of Peru* and all retained by retentive dressings. When it occurs upon the knuckle it becomes very difficult to cure owing to the constant motion of the parts; after cauterization and dressing, the finger should be placed in a firm splint and be maintained in a perfect state of rest. An ordinary abrasion upon a knuckle may terminate in ulceration and continue sore for two or three weeks. Keys states that he has "known one such abrasion to be diagnosticated as a syphilitic chancre, and the patient kept miserable for years, fearing syphilitic eruptions, which never came. A splint putting the knuckle at rest is all the special treatment required in these cases."

CHAPTER IV.

Syphilis.

THE recent investigations of syphilis, a disease hitherto so much dreaded, have proven its present mildness as compared with the former virulence that marked its existence. Mr. Keys speaks of it as "a disease of magnificent exceptions, full of absorbing interest;" and Professor Dana says, "that the disease is not so virulent now as it was during the century when it first conspicuously appeared;"* and all authors agree that its severity, from some *cause*, has abated. To what is this cause attributed? To my mind the answer is, that the widespread dissemination of the disease throughout the world, and the almost universal prevalence of its hereditary characteristics, have established an immunity from its severe attacks, just as vaccination, wherever practiced, has given protection from the heretofore deadly ravages of small-pox. This, coupled with the fact that professional men have been gradually lessening the poisonous quantities of Mercurials given to cure the disease, has, in my opinion, done very much to strip this disorder

Fig. 8.

* Professor Charles L. Dana, on the "Benignity of Syphilis."

of the horrors with which it was associated during the reign of the crude, destructive doses of Mercury. It is true that the *type* of the disease, whenever manifested, proves that its nature has not changed, its features have not altered; but its sting has become less virulent, and, consequently, less dreaded. There is no question of the fact, that of all people, occupations, or trades, there are none in whom the manifestations of syphilis would be more prominent, its characters more universally displayed, than in the seamen of this and other countries. Yet we observe among this class such a mildness in syphilitic attacks, such exemption from the virulence of the past, such an immunity from its constitutional characteristics, that we are forced to accept the doctrine of its growing moderation, and agree with Professor Dana, (1) that syphilis, as a rule, runs a very mild course indeed among American seamen, and physically incapacitates them less than either soft chancre or gonorrhœa, with their complications and sequelæ; and (2), that it runs this course often without treatment, and almost always in spite of irregular living and unhygienic surroundings.

The initial lesion of chancre begins as a papule, generally single, or an erosion with indurated areola; it either remains to the end, or the papule bursts, resulting in an ulcer with a hardened base.

The virus has a lengthened period of incubation (fifteen to twenty-five days) before development of the papule. It is usually circular; its edges are smooth, not undermined; often elevated and adherent, and gradually melt into the shining floor of the ulcer. It may exist on any part of the body, but more frequently on the genitals. Its secretion is scanty, and serous in character, unless irritated, when it assumes a purulent form. It is not auto-inoculable. One attack exempts from subsequent invasion. It is peculiar to man, is seldom phagedenic, and shows little disposition to spread; is slow in development, but heals rapidly when once reparative action begins. The affection of the inguinal glands is usually *painless*, *multiple*, and *rarely ends in suppuration*, unless due to extraneous causes. The disease, though at first manifesting local trouble, may become constitutional, and then the person can never be inoculated with the virus of the chancre. "The proportion of chancre to chancroid is about one to three," says Dana, in his reported tables of the U. S. Marine Hospital service; and, according to the tables of Dr. King, the mortality from syphilis was one-fortieth

of one per cent. From a return to the House of Commons of all the deaths from syphilis in the *workhouses* in England and Wales, beginning in the year 1875, there are only eight per million.

Differentiation between Typical Chancroid and Chancre.

CHANCROID.	CHANCRE.
1. Nature and Cause. — *A local tissue disease*, caused by *contamination with chancroid pus* in sexual intercourse; auto or hetero inoculation of chancroidal pus.	1. A *general blood disease*, caused by *contamination with syphilitic virus* in sexual intercourse; hetero-inoculation of the chancre virus upon a non-syphilitic person.
2. Situation. — *Upon the genitals or in the groin;* very uncommon elsewhere.	2. *Upon the genitals;* not unfrequent upon the lips, nipples, and fingers; very uncommon elsewhere.
3. Number. — *Often multiple*, both in origin, and by spontaneous auto-inoculation.	3. *Generally single;* sometimes multiple from the start; not usually spreading by spontaneous auto-inoculation.
4. Second attack in same individual *entirely possible.*	4. *Almost impossible.*
5. Auto-inoculability. — *Always possible in generations.*	5. *Impossible*, unless the ulcer secretes pus.
6. Transmissible to animals. — *Possible.*	6. *Quite probable.*
7. *Begins as a pustule or an ulcer, and so remains; advances rapidly; heals slowly; no incubation.*	7. *Begins as papule, or an excoriation, and remains an indurated ulcer; advances slowly; heals quickly; has a distinct incubation from* 5 *to* 20 *days.*
8. Color. — *Dirty yellowish white, or pinkish, with free creamy secretion.*	8. *Livid red or bright blood color, or gray*, with *scanty, serous, sanguinolent* discharge.
9. Induration *absent;* edges perpendicular; floor *uneven and dull*, with *pain.*	9. Induration invariably *present;* edges *slanting and adherent*, with *smooth, bright floor*, and painless.
10. Phagedæna, *an occasional complication.*	10. *A very rare complication.*
11. Bubo *occurs in about one-third of all cases*, either simple or virulent, and painful as a rule.	11. *Invariable, and always indolent*, exceptions two per cent of all cases; never becomes virulent; painless as a rule.
12. *No appreciable* constitutional contamination.	12. Constitutional contamination *occurs as a rule.*
13. *Syphilis, as a result of chancroid, impossible.*	13. *Syphilis, as a result of chancre, is invariable.*
14. *Local treatment all important.*	14. *Local treatment unimportant.*
15. A chancroid *may be cured by cauterization* without, and not produce consequent trouble.	15. Chancre *cannot be cured by cauterization*, and not produce constitutional implication.

Treatment.—The remedies which are most successful in curing this disease, are the following: *Ars. iod., Aurum., Badiaga, Carbo an., Carbo veg., Cinnabar, Corydal., Kali bichrom., Kali hyd., Lach., Lyc., Merc. cor., jod.,* and *sol., Nitric acid.*

The most important of all these remedies are the Mercurials; and, if we examine into the pathogenesis of *Mercury*, we will find that no remedy possesses such a closely related simillimum to syphilis. It is upon this very *Homœopathic* principle, as Dr. Bumstead reproachfully says, "that the elastic principle of *similia similibus* is also made to cover" the true curative action of this disease. This "*elasticity*" proves the essential element of the Homœopathic law, and its engraftment upon Allopathic practice "covers" all that is valuable in that system in the cure of syphilis. With all due deference to some of our friends, who seem better versed theoretically than practically in the treatment of syphilis, I believe, as I have oftentimes asserted, that the Mercurials, as a rule, are the only really reliable remedies for the cure of the indurated chancre; and it is through this remedy, properly administered, and diligently continued, that patients are dismissed "cured," without the necessity for their return to the surgeon, as has been sneeringly written by some who preach better than they practice.

Let us compare the effects of syphilis on the human system with the toxicological symptoms of *Mercury* as given by Pereira, in his famous Materia Medica, justly accorded as one of the very best works on that branch in the Allopathic school:

SYPHILIS.	MERCURY.
Syphilis produces on the skin pustules, scales, and tubercles.	Mercury, says Pereira,* produces severe forms of skin diseases.
Excites inflammation of the periosteum, and caries of the bones.	Produces inflammation of the bones and periosteum, says Pereira.
Produces inflammation of the iris.	A disease called Mercurial iritis.
Produces inflammation and ulceration of the mouth and throat.	Ulceration of the mouth and throat a well-known effect, says Pereira.
Produces enlargement and hardening of the glands.	Produces enlargement of the inguinal and other glands, says Deterich.
Produces chloro-anæmia, a diminution of blood-corpuscles, and an increase in the proportion of serum.	Diminishes the coagulation of the blood, and increases the proportion of serum.
Produces ulcers on the genital organs.	Produces ulcers, with induration, on the glans and prepuce, says Fick, of Hamburg.

* Pereira's Materia Medica, Vol. I., p. 588, *et sequitur.*

The difference between the two prevailing schools is simply this: that, while Homœopathic practice cures the disease "*tuto, cite, et jucunde,*" Allopathy too often dooms the unhappy victim to all the attendant horrors of Mercurial toxæmia, which, according to Mr. Druitt's own confession, is *useless*, except to show that the system is affected. Professor Gross also remarks: "My own opinion is, that the more simple and gentle the Mercurial course is, the better." Professor Keys* says syphilis is "a self-limiting malady." Professor Dana† remarks that the disease is innocuous, as compared with its early history. Professor Keys states, that it gets well under all treatment, but yields best to *small doses of Mercury*, continued for a long time. Diday remarks that it is "cured by the grace of God:" that is the do-nothing treatment. Sigmund and Zeissl, two late German authors of high position, render their verdict in favor of Diday's method of treating syphilis. Keys says the question now is, how to use Mercury; and he settles the matter for the old school, and recommends what he terms the "tonic dose," which is one-half of the "full dose," viz., one-twelfth of a grain of the Proto-iodide of Mercury; and in *late years*, he has been in the habit of using a much less quantity; for instance, one equal to one-third instead of one-half of the "full dose," which is equivalent to one-eighteenth of a grain of the crude drug. With this diminished "tonic dose," he adds, that it is given "rather to his [the patient's] advantage; for he feels well under it in most cases; he eats well, his functions go on perfectly, and his blood is richer in red corpuscles than it was before." He also recommends that this dose shall be continued for about "three years," and "a year's freedom from evidences of the disease is desirable before the tonic is stopped." (This is good similia practice.) I mention these facts, gathered from recent and approved Allopathic authority, to show that the tendency in that school is to yield their old and cruel treatment of ponderable doses of Mercury, with all its multiplied horrors, to the minute and all-curative remedy of the recognized "elastic" simillimum. While these things are being done in the old school, to the credit and the relief of poor humanity be it said, I ask what is the position of our own syphilographers upon this important subject. The only two representative authors in the Homœopathic school

* "Venereal Diseases," p. 104.

† In a monograph on Venereal Diseases.

who have written late surgical treatises including the treatment of this disease, seem to be further from the mark, so far as an intelligent knowledge of the method of curing syphilis homœopathically, than those of our Allopathic brethren whom I have previously quoted. One proclaims his belief that the disease *can be cured*, but only by *material doses*, oft repeated, and recommends *Mercurials* to be employed in the *first trituration;* while the other declares that syphilis is "absolutely incurable," except it be "by the extinction of the sufferer, and the absence of any heirs of his body;" yet, in the treatment, the latter gives, most profoundly and most unerringly, "*full indications for remedies*," and adds, the "*Corrosivus* is the *sole simillimum*, so far as my [his] experience goes." How far does that experience go, when the true and "sole simillimum" yields up its curative powers, and negatively awaits the slow extinction of the sufferer? With all due deference to such authority, I still believe, as before stated, that Mercurials are the only real and reliable remedies in the treatment of the indurated chancre; and it is through this remedy, properly selected and judiciously given, that cases are being continually dismissed as "cured," without the necessity of coming again under the notice of the surgeon. I have "cured" hundreds of these cases, both in hospital and civil life, in a practice of nearly forty years, by the aid of Mercurial treatment, without imposing upon my patients the painful penalties of the remedy, or compelling their return for further treatment; and this I have accomplished by the medium potencies. I also believe, that, with the medium potencies, there is just as much certainty in "*curing*" this disease as any other affection in the nosology; and the longer I continue in the practice of prescribing for this disease, the more I am convinced that the medium potencies act the most promptly, most certainly, and most curatively. As a rule, I employ the Corrosivus in persons of strong vital reaction, and the Protoiodide or the Solubilis in those of scrofulous systems, dyscrasias, broken-down bodies, and in females. No disease at all equal to syphilis in obstinacy and virulence, yields a more ready response to the indicated remedy than this.

The *mixed chancre* of Rollet combines both the characteristics of chancroid and chancre. Each sore runs its distinct course, and the compound lesion possesses the peculiarities of both, and the treatment must be adapted to the combined characters. One may be cured before the other is fairly developed, when attention

must be given to the remaining sore. The mixed chancre is very rare.

Urethral chancre is one of the least common of all chancres, and is situated just within the meatus, one of the lips of which it may involve. It will be felt as a tumor along the course of the urethra, with pain on urinating and during erection. A slight discharge usually accompanies its presence, of a muco-sanguinous character. This may continue for three or four weeks, and there is some danger that the cicatrix may produce a stricture of greater or less importance. The inguinal glands also become affected as in the ordinary chancre.

Chancres in different parts of the body are to be treated in the same manner as those already spoken of.

The excision treatment, or rather the attempt to cure syphilis radically by excision of the chancre, is a recent and interesting method of effecting a cure of this disease, based upon the theory that "the poison, after being absorbed, lies latent locally throughout the period of incubation, and then commences to increase in quantity, at first locally." It is unnecessary to enter into a discussion upon a theory which is neither sustained by analogy or fact.

Auspitz, a German syphilogist of considerable repute, has attempted to prove the affirmative of the proposition; but, on close analysis, his statements are unsatisfactory and unreliable.

The inunction method, the vapor bath, fumigation by volatilization of Mercury, are dirty, unscientific, and dangerous plans of employing the Mercurial treatment; and no true Homœopath should be induced to try such crude and unsatisfactory measures, when the whole range of Mercurials, and their various attenuations are so easily obtained. A rule to guide us in the treatment of true syphilis is the condition of the floor of the chancre. If it exhibits a reddish, unhealthy appearance, or, if the color of the spot presents any strong contrast with the surrounding tissue, it is almost certain evidence that the constitutional disease is not completely cured. Treatment should be continued till the original base of the chancre is covered with healthy tissue, and no difference is perceptible between it and the contiguous structures. The practice, hitherto so strongly insisted upon, of destroying the chancre by the violent caustic preparations employed, cannot be too strongly reprobated. The destruction of the chancre in this way does not cure the disease already transmitted to the system: on the contrary, it removes a valuable guide in our treatment;

and there is no other way open to us whereby we can determine the condition of the patient, or the progress of the case. The appearance and characteristics of the spot where the chancre existed is the syphilo-meter, whereby we can safely and surely prognose the progressive recovery of the patient, or otherwise. When the caustic agents are employed to destroy the chancre, the systemic contagion becomes more intractable and complicated with the various conditions that develop during the progress of the disease. Confusing and complicating symptoms arise, making it difficult oftentimes to select the proper remedy; and the patient may finally succumb to "all the miseries of ill health," referable to his cruel treatment in the early period of his disorder.

One of the preparations of Mercury, given with reference to the constitutional and moral status of the patient, the form, extent, and duration of the ulceration, must be selected and diligently persevered in. The greatest cleanliness, locally and generally, should be insisted upon; dressings to the local sore enforced, and rest as far as possible enjoined. The following remedies, classified with reference to the progress and persistence of the disease, may be given according to their indications.

1. Primary Syphilis.—*Mercurius* (hard chancre); *Acid nit.* (Sloughing chancre, or if Mercury has been given to excess); *Merc. cor.* or *Cinnabar* (combined gleet and syphilis); *Thuja* (warty growths); *Bell.* (inflamed and painful buboes); *Ars. iod.* (buboes, painful, and threatening suppuration); *Phyto., Podoph.*, or *Sulph.* (co-existing chancre and skin affections).

2. Secondary Syphilis.—*Acid nit.* and *fluor., Eryng. aquat., Merc., Cundurango, Iodium, Kali chl.* (sore throat and mouth); *Merc. cor., Kali hyd.* (iritis); *Aurum, Stillingia, Sarsaparilla* (rheumatic or bone pains).

3. Tertiary Syphilis.—*Kali hyd., Aurum, Phos., Acid. phos., Sil., Mez., Asaf.* (nodes and bone diseases,—exostosis, caries, necrosis, etc.); *Ars., Ars. iod.* (cachectic ulcers); *Aurum, Kali bichrom., Calc. carb., Kali chlor.* (ozæna); *Aurum, China, Phos., Carbo. veg., Ars.* (syphilitic cachexia.)

4. Hereditary Syphilis.—*Merc., Nit. ac., Aurum, Phyto., China, Ars. iod., Sulph., Iodium.*

Special Indications.

Mercurius Sol.—This remedy stands in the front rank among the few that are capable of destroying the venereal poison in the system. Its pathogenesis contains nearly the entire phenomena resulting from venereal infec-

tion. It is of special value in primary symptoms, and in inherited syphilis of infants and children. Dr. S. P. Hedges, of Chicago, Ill., has found, that, whenever it fails to cure, the diathesis of the patient is complex; so that no one remedy will alone effect a cure. It is especially indicated in Chancre with *red* edges, cheesy or lardaceous bottom, *painful*, and readily bleeding. Chancre with indurated base and margin. Erythematous and papular eruption; ulcers in the throat; fauces and tonsils swollen, inflamed, and ulcerated; rupia with violent itching; necrosis; emaciation, with slow hectic fever; osteocopic pains and general hyperæmia.

Nitric Acid.—Constitutional syphilitic ulcerations, especially the inherited ulcerations of children, and when the Mercurial cachexia has been engrafted upon inherited syphilis. Chancre with raised edges, bleeds easily and profusely; pale, flabby, and prominent granulations; ulcers inclined to spread in circumference rather than in depth; fungous growths; discharge corrosive; buboes threaten to suppurate; coppery and violet-colored spots on the skin, squamæ, rupia, mucous tubercles, condylomata, drawing and pressing pains in the head. Also in primary chancre, with spongy, elevated margins, not painful, but bleeding readily and profusely. The remedy should be administered in both high and low dilutions, and not too hastily abandoned if one dilution has not answered.

In case of sloughy (eating) ulcers, *Nitric acid* should be used topically in a low caustic form, and thus will be found to act well with its constitutional administration.

Kali Hyd.—No remedy surpasses this as an antidote to the syphilitic poison in the secondary, and especially in the tertiary form of the disease. Nodes, Gummata, Erythema, tubercular skin eruptions, ulcers on tonsils, periostitis, and coryza are distinctly under its influence. After abuse of Mercury, hard bubo in a scrofulous system; ulceration of nose, mouth, or throat, with corrosive, burning discharge; lancinating pains in the throat; secondary and tertiary types of syphilis, threatening abscesses, system depressed. The pain of nodes is quickly relieved; and, when not very chronic, the nodes soon disappear. According to Ringer, large doses arrest the rapid sloughing of some syphilitic sores, and promote the healing process.

Mercurius Cor.—Chancres inflamed and painful; ulcers with a lardaceous floor, which secrete a thin, ichorous pus; acute inflammatory bubo, secondary symptoms make an early appearance; in iritis with affections of the conjunctivæ; soft, flat condylomata, mucous tubercles. Chancre, with ichor adhering to the bottom, and discharging thin pus, which stains the linen; combined chancre and gonorrhœa; buboes; skin affections, the symptoms being worse in bed, and at night.

Cinnabar.—Similar symptoms to the above occurring in scrofulous, indolent constitutions. Useful in secondary and tertiary forms; chancres with hard base in scrofulous persons; the middle of the chancre is raised and fungoid; indurated bubo; iritis, with pain in the supra-orbital region; circular ulcerations of the skin, mouth, and throat; ulceration of the tonsils in the secondary stage, when the vegetations and mucous patches are the predominant lesions.

Merc. Prot.—Painless chancres; when the glandular system is largely implicated, inguinal glands large, swollen, but not disposed to suppurate; affections of the throat, indurated tonsils, secretions small in quantity but tenacious; orchitis following venereal taint.

Fluoric Acid.—Secondary syphilis of the throat and tongue, or osseous caries, pains in the bones generally; aching pains in the bones; dull and bruised pains in the breast and sacrum.

Cundurango.—Congestion of the Schneiderian membrane, extending to the frontal sinus; pimples, pustules, and blotches on the skin, especially the lips, giving rise to painful cracks in the corners of the mouth. It first came into notice by an accidental cure of constitutional syphilis.

Arsenicum.—Gangrenous sores, with florid, unhealthy granulations, which bleed on the slightest touch, and are painful and burning; or painless ulcers, secreting a watery, corrosive, and offensive fluid; rapid emaciation, prostrating diarrhœa; scaly skin, or malignant ulcerations in the secondary or tertiary stage; excessive sensitiveness; great restlessness; general rapid sinking of strength; dry, scaly, shriveled skin; blotches, eruptions, and ulcerations of the skin.

Arsenicum Iod.—According to Dr. H. Noah Martin, of Philadelphia, this remedy excels all others in the rapid cure of venereal bubo. It quickly reduces and disperses acute swellings of the inguinal and axillary glands, even after the peculiar throbbing pains have set in which seem to threaten suppuration.

Belladonna.—As an occasional remedy, *Belladonna* is very beneficial; especially in cases in which there is great pain, redness, and erysipelatous appearance.

Thuja.—Warty growths (Sabina if they are large, moist, and painful); small warts on the iris; mottled eruptions. Condylomatous excrescences on the penis, vulva, and about the anus; painful inguinal glands; purulent pimples; brown or red mottled spots, with itching; red nodosities; rupia.

Carbo Veg.—In cachexia syphilitica; extreme prostration; impairment of digestion, suppuration of bubo, parts livid and mottled, falling-off of the hair, furfuraceous desquamation; yellow skin, with impairment of digestion; ulcers having a gangrenous character, with nightly burning pains.

Carbo An.—Bubo assuming the phagedenic type.

Merc. Præcip.—When bubo puts on a phagedenic form and the various ulcerative processes become destructive, as in affection of the long bones; nodosities with severe pain at night.

Aurum.—Ulceration of the mouth and nose; ozæna, bone diseases, sarcocele. Particularly beneficial when the system has been broken down by the combined influence of syphilis and Mercury, and the mind, equally depressed, dwells upon suicidal thoughts. Mercurial cachexia; syphilis in the secondary and tertiary forms; ulcers of the nose and mouth, with fetid discharge; necrosis of the nasal bones; nodes of cranial bones; ulcers and crusts within the nose, with putrid smell; burning and boring pains in the bones.

Sarsaparilla. — Purulent vesicles, itching furiously; various skin affections.

Sulphur. — As an intercurrent remedy in all stages: In superficial ulcer, with a lardaceous base; when the disease threatens to assume a serious form, or is very obstinate; also of special value in sycosis.

Phosphorus. — Affections of the long bones, or the jaw bones; and when a dry cough, burning, stinging pain, bloody expectoration, and great debility indicate danger to the lungs.

Mezereum. — Exostosis, necrosis, or caries, particularly of the shin bones, the part feels sore, and is aggravated by touch.

Clematis. — Orchitis, excrescences, scabies, tetters discharging bloody matter; pain and irritation, worse at night.

Epitome of Symptoms.

Acid Nitric. For violent pains in the bones; ulceration of the mucous membranes; Mercurial symptoms, combined with bone-pains, congestions, ulcerations, and affections of the periosteum and bones; syphilitic pains in the head. Antidotes Mercurial impressions.

Acid Phos. — For periostitis.

Artemisia. — Mercurialization with bone-pains and rheumatism.

Asafœtida. — For caries and ozæna.

Aurum. — For syphilitic cachexia, scrofula, and ozæna.

Cinchona. — Excessive weakness, sweats, sensitiveness of the skin to changes of atmosphere; affections of the periosteum and bones; loss of strength and humors.

Creosote. — Scorbutic symptoms; mucous ulcerations; cutaneous ulcers; salivation.

Ferrum Phos. — Mercurialization combined with scrofula; indolent ulcers; periostitis.

Guaiacum. — Mercurialization combined with rheumatism and gout.

Lachesis. — Mucous ulcers; gangrene from Hydrargyrosis.

Lycopodium. — Affections of bones; Night-pains.

Mezereum. — Ostitis and periostitis; impetigo and herpes.

Phosphorus. — Mercurialism; Ostitis and periostitis; paralysis.

Sarsaparilla. — Cutaneous eruptions, Mercurialism.

Silicea. — Ulcerations and caries; bone fistulas.

Staphysagria. — Ostitis and periostitis; hypochondria.

Sulphur. — Worst forms of Mercurialism; cutaneous eruptions and ulcers; iritis; affections of the bones, and Mercurial asthma.

Accessory Means. — All wear and tear of system, such as overexertion of the mind in business or pleasure, must be avoided. Generous but plain diet, and avoidance of stimulants; comfortably warm clothing, rest, fresh air, and moderate daily out-of-door exercise, and other good hygienic surroundings are essential.

Generally, a warm bath about twice a week, at bedtime, is advantageous; also daily cold or tepid sponging, with abundant friction by means of a *bath-sheet*, on rising. The importance of thorough *cleanliness* in this disease may be inferred from the fact that some of the worst cases of primary disease have been successfully treated by prolonged warm baths. The septic discharge being removed as soon as formed, the sore heals much more rapidly than under ordinary circumstances. Cleanliness is not only valuable curatively, but, practiced thoroughly and immediately, is the best *prophylactic*. Abstinence from tobacco and all stimulants should be insisted on.

In those patients who for a long series of years have been addicted to the daily use of stimulants, it is recommended that they be not entirely and suddenly deprived of them, but that they be used twice a day, in diminished doses, with their meals rather than upon an empty stomach. High livers, on the other hand, should be restricted in the quality and quantity of food, and be brought as soon as possible to a plain, unstimulating, but nutritious regimen. The influence of the mind upon the body is nowhere more clearly witnessed than in syphilitic patients. It is advised, therefore, that the surgeon be frank and candid in regard to the curability of the disease; not buoying him up with hope of a speedy recovery, which is sure to be followed by disappointment and chagrin, nor yet delivering a gloomy prognosis, dooming him to utter and inconsolable despair. There is no disease that produces such a profound impression upon the system, even to the complete wrecking of all functional and organic action, as *syphilophobia*. To prevent this, the surgeon should be frank at the outset, and assure the patient, that, though the cure may be protracted, and though it may even be subject to modified relapses, yet the treatment, if persisted in, will ultimately restore him to health and constitutional vigor.

As a rule, simple lint soaked in tepid or cold *Calendula* water, and renewed every three or four hours, is the only application required for the local sore. But for primary sores and ulcerated glands (*buboes*), a solution of twenty grains of *Chloral Hydrate* to one drachm of water is exceedingly beneficial. The healing process is regulated and hastened, and auto-inoculation prevented, by its use. *Powdered Chlorate of Potash* is another valuable local remedy, especially for removing fetor and hastening healing. The powder should be sprinkled over the open sores, and covered

with a wet compress. As topical applications in sloughy ulcers, *Carbolic acid* and *Nitric acid* have been already recommended.

CHAPTER V.

Constitutional Syphilis.

WHEN the poison of syphilis has infected the system, it produces certain symptoms which develop at variable periods, from two weeks to six months or more, after the primary disease. The skin and mucous membranes first become affected, afterward the bones and internal organs. The result is rarely fatal, unless the brain or other vital organ is affected. When once involving the system, it is difficult to entirely eradicate it; and, in the earlier periods, it may be communicated by means of the saliva, the milk, or even the discharges from secondary sores; later in the disease the poison seems more localized, and is less prone to be eliminated from the blood.

The more frequent forms of syphilis, as they are presented to the practitioner, are treated of in this and the accompanying chapters; but almost every organ of the body falls under the baneful influence of the disease. All its varied manifestations are treated in accordance with the principles already laid down. The special indications for remedial agents to cure it are given on pages 77 to 80 and 87 and 88, to which reference should be made in the treatment of all its diverse pains and disturbances, whether of function or organism.

Syphilides.—The syphilitic eruptions on the skin correspond quite closely to the ordinary cutaneous diseases. They are all characterized by a *dull, copper-colored areola;* are grouped together, and possess a circular shape; *do not itch,* and leave behind a *brownish stain* or *discoloration,* which remains some time after their complete cure.

Mr. Keys gives ten varieties of eruptions, named in accordance with the prominent lesion which characterizes them; viz.:

1. The erythematous syphilide (roseola).
2. Pustular syphilide.
3. Papular syphilide.

4. Vesicular syphilide.
5. Pigmentary syphilide.
6. Squamous syphilide.
7. Tubercular syphilide.

These various forms of the syphilides, owing their origin to the same poisonous contamination, are to be treated very much in the same manner; so also will the *mucous tubercles*, which occur near the orifices of the mucous canals, especially where the parts are bathed in perspiration, and where irritation is kept up by more or less movement. They form small, soft, flattened tumors, which secrete a thin, offensive discharge.

Syphilitic Ulcerations.—The mucous membrane of the pharynx is subject to a peculiar foul, excavated ulcer, with ragged edges, and covered with a grayish-yellow slough. The inside of the mouth, lips, tongue, and even the larynx, are liable to be affected by syphilitic ulcerations. Small gummy tumors appear upon the legs, then soften, break, and form deep ulcers, characterized by their circular form, their clean-cut edges, irregular base, and unhealthy discharge. They occur generally about the knee-joint.

Syphilitic Ulceration of the Larynx.—This is caused by an extension of the ulceration of the palate. It is characterized by tenderness, great huskiness of voice, suffocating cough, and expectoration of sticky, tenacious mucus or bloody matter. There is slight difficulty in swallowing at times, the voice degenerates into a mere whisper, and it is accompanied with great loss of flesh, etc. Strength is impaired, and life often terminated by it.

Treatment.—The medicines which have produced most marked benefits, are the *Kali bichrom.*, *Kali jod.*, and *Merc. cor.* Professor Helmuth has derived much benefit from *Ars.*, *Iod.*, *Macrot.*, and *Podoph.* A weak solution of *Iodine* thrown into the throat by means of an atomizer is recommended as highly efficacious. Professor Helmuth uses a solution of ten drops of the first decimal dilution of *Iodine* in a gill of water, applied twice a week.

Syphilis of the Mucous Membranes.—The following manifestations of syphilis usually occur late in the disease, but may take place during all its stages. They appear in the mouth, throat, and nose. 1st. Erythematous patches, with erosions and superficial ulcers. 2d. Mucous patches, which appear late. 3d.

Scaly patches. 4th. Gummatous ulcers, which also come on late in the disease.

Syphilitic Ostitis, Periostitis, and Osteocopic Pains.—The bones and also their coverings may be involved in constitutional syphilis; also the ligaments and joints, attended by pain and fever, with nocturnal exacerbations. The bones most frequently affected are the tibia, clavicle, ulna, and bones of the skull. It may begin either in the periosteum, or in the bone itself as a slow inflammation. The affected part is exquisitely tender, with great pain, *aggravated at night*. Gummy deposits take place in the capsule of the joints, in a diffused form, producing thickening, weakness of the joints, and finally loss of motion. Osteocopic pains occur in constitutional syphilis, and are of a boring, splitting, bone-breaking character, coming on at night with great regularity and terrible earnestness, and disappearing in the early morning. They are supposed to be due to a febrile exacerbation, coming on toward evening, which dilates the peripheral blood-vessels, producing periosteal irritation and congestion; the warmth of the bed seems to increase their severity, and they become so intense that the sufferer is not able to bear the weight of the bedclothes. Thermometrical observations in a few cases that I have examined, show an increase of two or three degrees in temperature; these examinations were made in patients suffering greatly from these osteocopic pains, and when the whole system showed a considerable hyperæmia. They are most frequent about the upper extremities, the head, and the chest, and oftentimes are felt in the continuity of the long bones of the lower limbs. They are occasionally felt at the insertion of the tendons into the extremities of the long bones.

Syphilitic Cephalalgia.—The *severe cephalalgias* that accompany syphilis, and come on regularly at night, are a disease of like character, and are cured by the same remedy, viz., *Mercurius*, to be given in accordance with the principles already laid down.

Syphilitic Nodes.—These result from an inflammatory periostitis, generally terminating in the new formation of bone. The sub-periosteal tissues become congested; and soft, round, and spindle cells are formed, which proliferate and increase till they separate the periosteum from the bone, giving rise, by degrees, to an oval lump or tumor (node), which shades off into the surrounding tissues, and which may remain for years. This tumor, or node,

at first feels doughy, but afterward becomes distinctly fluctuating After remaining soft for a considerable time, it becomes firmer, and either disappears under treatment by absorption, or disintegrates, leaving behind an ulcer, the floor of which is bone, denuded of its periosteum. The bone becomes dark-colored from exposure, and after a time separates and comes away, after which the ulcer heals. The bones most involved are the superficial flat bones.

The course of a node is usually slow, its primitive softness yields to firmness and solidity, till it feels like a hard, oval tumor, freely movable under the skin, and exquisitely painful, especially at night. Under treatment, it loses its solidity, and finally disappears by absorption, leaving little or no trace of its existence. At times they put on a feeling of softness centrally; the overlying skin becomes dark red, and adherent to the mass, and soon yields to the inflammatory process, producing an ulcer, the floor of which is bone, and which is exceedingly difficult to cure.

If it affects the skull, the outer table becomes necrosed, and requires removal. I removed a piece of the outer table of the skull over four inches square, with a considerable portion of the diploë, successfully, in a patient who was at the time an inmate of the Good Samaritan Hospital, St. Louis, Mo. It may also produce meningitis and death; or it may involve the brain, by destroying the inner table of the skull, the brain protruding through the opening made, with the serious results that usually follow this condition.

There is a form of bony outgrowth that is frequently developed in the epiphysal ends of long bones, of an irregular-shaped projection, or of a prominent pedunculated form, that resembles the outgrowths often seen in rheumatic gout.

The treatment of nodes is simple, and they are generally very responsive to medication. The Mercurial preparations, if not counter-indicated by other conditions, are usually competent to effect their cure. It must be understood, in this connection, that, whatever remedy is found capable of curing this disease, that remedy should be continued, at lengthened intervals, for months, after all evidences of the trouble have passed away. The older the node, as a rule, the longer treatment will be required. (Consult syphilitic remedies, pp. 77–80.)

Alopecia.—Alopecia frequently occurs as one of the conditions of the syphilitic contagion. The roots of the hair are prin-

cipally involved; large quantities of scales or scurfs form about them, and destroy the capillary radices; the hair, as a consequence, falls out, leaving, in some instances, the scalp perfectly bare. The eyebrows are also affected in the same way, and the hair of the breast and limbs sometimes becomes involved. Tertiary syphilitic lesions, so called, whether the effect of Mercury or contagion, are seldom seen at present, and, I believe, are more frequently the result of poisonous doses of the drug than the sequelæ of the syphilitic virus. A careful investigation will show that the ravages of syphilis, as described in the works of Allopathic syphilographers, two or three decades ago, as compared with those of the present day, hold an inverse ratio to the poisonous quantities of Mercury given in its treatment. (For treatment, see "Special Indications," pp. 77–80.)

Onychia Syphilitica.—This consists of inflammation of the matrix of the nail, and consequent loss or disfigurement of the nail itself, and is an occasional attendant upon both secondary and tertiary syphilis. Its further consideration will be referred to the treatment of constitutional syphilis.

Syphilitic Iritis.—The primary seat of the disease is in the iris; but other tissues of the eye may be implicated. Generally, but one eye is involved, which presents most of the symptoms of common iritis. At the beginning of the disease, says Helmuth, the iris becomes duller, with a grayish appearance, the radii being more or less effaced; the small circle of this membrane is livid or copper-colored; its tissue tumefies, and forms an elevated ring composed of thick, downy flakes. The pupil is more or less contracted, and assumes an irregular shape; the cornea is somewhat dimmed, and on its inner surface may be seen small fasciculi of congested vessels; the tunica albuginea is of a rose color, which, at its juncture with the cornea, is converted into a dark-red hue, called the *dyscrasia circle*. As the disease advances, the iris becomes more discolored, its surface is covered with exudation, its free margin is tumefied, and upon its anterior surface there are elevations of a grayish or yellow tinge. The pupil at length becomes perfectly immovable; pedunculated excrescences, called *condylomata of the iris*, spring from the membrane, and adhesion takes place between the iris and the lenticular capsule. At the bottom of the anterior chamber, pus mixed with blood can be seen. There are at this time violent constrictive, boring pains

in the supra-orbital region of the affected side, which radiate toward the head; they are *increased toward evening, most violent at midnight, and abate toward morning*, the peculiar characteristics of syphilitic pains. Sight is more or less affected, by reason of the plastic exudations formed in the pupillary opening. Photophobia is rarely present in this disease.

Treatment.—The object of the surgeon, in the treatment of this formidable disease, is to allay inflammatory action, eliminate the syphilitic poison, and to arrest further extension of the inflammatory process. To accomplish this, the pupil must be artificially dilated; this can be accomplished by dropping into the eye, three or four times a day, a few drops of a solution of *Atropine.** This dilates the pupil, and rests the inflamed muscular fibers.

Rhus tox. is useful in the primary stage, accompanied with profuse lachrymation.

Petroleum should be given when there is heat in the eyes, with pain, heat, and throbbing in the occuput.

Cinnabar, when pain affects the supra-orbital region; when *abscess* forms in the iris, *Hepar.*, *Merc. sol.*, and *Sulph.*

When *chancrous ulceration* attacks the corona, *Ars.* and *Calc.* are remedies of value.

The **Erythematous Syphilide** (roseola) is the earliest and most frequent of all the secondary symptoms, and appears usually within one month or two after the appearance of chancre. Its first appearance is upon the front and lower part of the thorax, in the flanks and over the abdomen. The eruption appears as a group or series of rounded macules, at first red, then brown and finally pigmented, varying in size from an eighth to half an inch. At first they are flat and are covered with minute papular elevations, which occasionally vesicate and very rarely pustulate. Pressure by the finger, in the early stage, causes the disappearance of the redish color, which at a later period leaves a livid stain, and in the third stage pressure produces no effect whatever. The hands and face are ordinarily exempt from the eruption entirely. It lasts from a few days to as many weeks, and may relapse under unfavorable circumstances. If *Mercurial* treatment is begun as soon as the chancre appears, it is either postponed or never appears at all. The absence of the invasory fever and local itching, the existence of chancre and throat symptoms, the scabs that develop on the scalp, the aggravated pains at night, and the history of the case, makes it easy of diagnosis.

Treatment will be the same as in all constitutional contaminations.

The **Papular Syphilide,** as a rule, succeeds the roseola, or it may be mingled with it and appear as the first skin affection. It occurs usually after the second or third month, and appears upon the flanks, trunk, extremities and face. Unlike the roseola they are not in groups but are scattered about in all directions. Its characteristic features are at first small, flat, smooth and hard, and pinkish or red; as it increases it becomes slightly depressed centrally and then assumes the ordinary livid hue, the epithelium dries, cracks and thickens, and curls away from the base, giving it a peculiar appearance. Soon they gradually disappear and leave pigmented spots, but no scars. They appear in successive crops and assume different stages of development in different parts of the body.

There are quite a variety of these papules occurring upon the body, protean in character and variegated in color. They are not so readily diagnosed as some of the other forms of the syphilides. Their duration is also variable; relapses are by no means uncommon, and if they run into patches they remain particularly rebellious to treatment. They are contagious when the papules are covered by a moist secretion, and from their tendency to spread are more dangerous than the primary stage of the syphilitic chancre. The pus-like discharge of these papules, whenever they become irritated by extraneous causes, is auto-inoculable, the result being an ulcer somewhat similar to the chancroid. Auto-inoculation of a moist syphilitic papule produces a pustule sui generis.

It is difficult to differentiate these papules from cutaneous forms of lichen; their umbilication, large size, their formation in patches, the history of the case and the absence of the concomitant symptoms of syphilis are the principal evidences in these cases

Condylomata.—The condylomata, which is a flat elevated papule of syphilitic origin, really belongs to this class, and is readily diagnosed, but its original nature is not yet settled by syphilographers. A few consider them of syphilitic origin and others maintain that they may exist without any taint of syphilis. A doubt exists as to whether these lesions are not a variety of the

ordinary vegetations that are found in connection with gonorrhœa, leucorrhœa and such like conditions that are the result of personal uncleanliness and an absence of pelvic hygiene.

The condylomata are either elevated and acuminated or broad and flat, having their origin historically in a morbid hypertrophy of the papillæ of the corion, which are covered by a thickened epidermis. Certain authors, including Hahnemann, believed that these excrescences arose from a peculiar miasm independent of both syphilis and gonorrhœa, while others stoutly affirm that they are the products of the virus of gonorrhœa and of chancre. The latter opinion is undoubtedly correct; at least it is the one to which I subscribe.

The venereal wart has a more uneven surface than the condylomata, is more split up and segmented into papillary prolongations and has more of a resemblance to the ordinary "seed wart." Their color is brighter than the syphilitic papule and they rarely attack the penis and scrotum, but have a decided penchant for the glans and prepuce in the male and the ostium vaginæ in the female.

Treatment is both local and constitutional. In my own experience the remedies that have proved most serviceable, especially when the warts were complicated with chancre, are *Cinnabaris*, *Nitric acid*, *Phosphoric acid*, *Mercurius cor.*, and *Staphysagria*, according to indications. When complicated with gonorrhœa, I have derived the most benefit from *Thuja*, *Merc. jod.*, *Lycopodium*, *Sulphur*, and *Tartaric acid*. When the condylomata are *humid* I usually begin the treatment with *Nitric acid* and follow it with *Thuja*. For the *dry* condylomata, especially if they assume the cauliflower or mulberry shape, *Staphysagria* followed by *Thuja*. The locality of these growths have little or no influence upon treatment. For the *fig* shape variety I have found *Tartar emetic* a very valuable remedy, employed both locally and constitutionally. Locally I employ *Thuja*, *Mercurius corrosivus*, *Nitric acid*, and *Tartar emetic*. In very severe and obstinate cases, excision and cauterization are demanded. See page

The **Pustular Syphilides** occur in two varieties. 1st, *small* pustules, when they are scattered or grouped together and occupy by preference the extremities of the body. They originate from within a follicle, show little or no inflammatory redness, and

occur independently upon an intervening portion of skin. The *second* develops in the form of a *superficial ecthyma*, are superficial but are set upon an inflamed base.

The *Pustular Syphilide* appears early in the constitutional contamination, and indicates a depraved habit, with tendency to the formation of pus-producing conditions. They vary greatly in size, mature slowly, requiring several weeks to reach their maximum, when they usually burst open and scab over, or become dry and crusty and heal up. They leave behind a depression of a livid color, the skin is thickened and is marked by a central depression corresponding with the hole left by the suppurated follicle. Each pustule is surrounded by a pigmentary ring or bronzed areola, which may remain for years but finally dies out and disappears.

The **Superficial Ecthyma,** a variety of the pustular syphilide, possesses more distinct and more intense qualities than the preceding. It appears later in the constitutional contamination than the small pustule as a rule, but in exceedingly virulent cases it may follow soon upon the chancre, when it indicates a severe type of syphilis. They begin as pustules, at first discrete then becoming confluent; are large, flattened, and often, from their umbilicated depression, resemble variola; develop slowly, with little or no pain, and finally scab over, an ulcer remaining for some time under the scab with a pigmented areola, after the latter has formed. When the scab falls off there remains a purplish scar, thickened and slightly elevated, and sometimes these scars are pitted at several points, representing the follicles that have passed through the stages of suppuration. This disease may be mistaken for variola, but the absence of the usual back pains, the invasory fever in small-pox; the slow development, the history of the case, and the presence of other concomitant symptoms belonging to this disease are positive evidence of syphilis.

Treatment is the same as that of constitutional syphilis, which will be given at the close of the syphilides.

The **Pigmentary Syphilide** consists merely in a discoloration of the skin, from a light-bronze to an almost black, presented in groups or patches of various colors, and situated upon the sides of the neck and upon the chest; the trunk and limbs are not usually involved. It is said to occur most frequently upon delicate

lymphatic women who have a fair skin, but this is not confirmed by later observers. Dr. Fox has given this subject much careful observation, and thus describes its formation. He says, there first appears the red syphilitic macule or papule; 2nd, the pigmentation increases gradually, then becomes white and shades off in a dark center, which he terms the "bull's eye," surrounded by a white areola; this in time is absorbed with the pigment originally occupying the site of the lesion, leaving behind "a generalized hyper-pigmentation in the intermacular spaces."

It appears late in the first year of the chancre, continues several months, and finally disappears. It possesses no subjective symptoms with which to determine its true nature, and is of value only as corroborative of past syphilis.

The **Vesicular Syphilide** is an exceedingly rare eruption, and when it appears it comes on late in the constitutional contamination. It presents itself as small, accuminated vesicles, of varied size, and are found clustered in groups of circles or segments of circles upon the trunk and extremities. The bases of the vesicles are of a *livid* color, which shade off into a bronzed appearance, when they dry up and drop off or become purulent and scab over.

Mr. Keys describes a variety of the vesicular syphilide that appears earlier in the syphilitic contagion (within the first six months following chancre) where the vesicles are large, umbilicated and situated upon a reddened base, surrounded by an areola at first livid then shading off into a bronze color. All the varieties of this disease increase slowly, have successive out-crops, the latter appearing as the former desquamate and dry up. A distinguishing feature of these vesicles is that they do not have a moist and secreting surface as do some of the previous syphilides, and the only distinguishing symptoms from the non-syphilitic eruptions are the color, the grouping, the pigmented areola and the absence of itching and the history of the case. Treatment follows the end of these disorders.

The **Squamous Syphilide** consist of solid patches of thickened skin, livid, infiltrated but not distinctly papulated. Their sizes and shapes are protean in character, from a small circumscribed livid point or dot to a broad irregularly rounded, scaly eruption as large as the hand. The fine scales that cover the surface fall off and are succeeded by new crops, until finally the infiltration

disappears and the patch heals up, leaving no scar or trace of the patch. It occurs usually at the termination of the first year following chancre, and belongs to the tertiary stage of the constitutional syphilixia, as laid down by some authors. A peculiar characteristic of the squamous syphilide is that it sometimes is developed from syphilixa, and may appear years after the last vestige of syphilis has passed away. In such cases it attacks the nose and face, and is called *lupus* by the careless diagnostician, or it may develop upon the lips and assume many of the characteristics of epithilioma and be treated as such. The differentiation between these two forms of diseases rests upon the important and principal fact that the squamous disease shows no tendency to return, while the true lupus and epithilioma is especially marked by this recreative character. Other forms of the squamous syphilide have been observed by late authors, such as the *circinate, plantar* and *palmar* varieties, but they all develop a like facial expression, and are referred to the same principles of treatment. See end of chapter.

The **Tubercular Syphilide** is divided into two varieties the *general tubercular* and the *tubercular squamous syphilide*. The first form is rather a gummatous product than a papular, and is developed deep in the tissues, or it occupies the true skin beneath the papillary layer. It develops as an eruption of patches and groups of clustered lesions in circles and segments of circles. When they become confluent the patch assumes a solid, livid elevation of the skin, covered with scales and irregular on the upper surface. The base possesses a livid hue, which gradually becomes of a bronze color, capped with a scale or small pustule. These tubercles vary in size from a grain of rice to a small sized pea, and when they disappear they leave a livid cicatrix.

The **Tubercular Squamous** is a variety of syphilitic lesions that occupy the border line between the secondary and tertiary forms of syphilxia. It occurs most frequently upon the face, but may develop in any portion of the body. Keys speaks of these patches "as livid patches of thickened skin—scales upon these patches are quite obvious, but the tubercles may be scarcely so, perhaps not visible at all. Sometimes, the only reason one has to call the affection tuberculo-squamous, is the existence of round, white, depressed scars upon the surface in among the scales, of

the size of a pea, marking the site of tubercular infiltration of the true skin, with gummatous material, the interstial absorbtion of which has produced the white scars." These tubercles are plainly visible upon the skin; they are isolated, but when lying in close proximity they sometimes coalesce and present large patches, in some cases as large as a silver dollar. New crops develop when the old ones disappear, and thus a succession of crops alternate and flourish. At times the gummatous infiltration proceeds so rapidly that ulceration takes place, resulting in a serpiginous ulcer, in which the integument is seriously involved. Treatment at the end of the chapter.

The **Tertiary Syphilides,** as they are called, because they appear late in the syphilixia, are the *rupia, ulcerative syphilis* and the *gumma,* are thus classified by our friends of the allopathic school more in reference to their treatment than their pathology. Viewing this subject from a homœopathic stand-point I cannot see why these syphilides should be clothed with a distinct formulation, when it is known that the same poisonous influences that generate the one variety also create the other. That they occur late in the disease, that they destroy the skin and leave unseemly scars behind only proves that the disease-pervading influence of syphilis is not the same but that it becomes more virulent and more destructive the longer it is pent up in the system uninfluenced by remedies.

The eruptions belonging to this class are oftentimes met with when the constitutional powers of the patient seem fully up to the normal standard. They appear as painless eruptions, unless a bone or joint is invaded in common with the skin, when they become intensely painful.

The **Rupia** begins as a flat pustule, sometimes as a bulla, suppurating quickly and then scabbing over, while ulceration is going on beneath, and the process goes on in this way, repeating itself. In this way the scab is thickened and raised by new layers of pus, forming a projection of considerable length, called a horn, or it may spread out, become thick and rough like an oyster shell; it is attatched at the borders and by this means the pus is imprisoned, which by pressure or accident is made to ooze out at the edges of the sore. The base is surrounded by a bronzed areola and the cicatrices, when healed, become white.

The **Pustular Syphilide** belongs to the same family as the above, and begins with a red spot which soon terminates in small pustules, which coalesce and form a scab with ulceration beneath. When the scab falls off a new one is formed, and when the patch has acquired a considerable size it dries up and contracts, cicatrizating taking place under the crust. There is left a livid scar with a bronzed areola; the center whitens and the areola generally disappears.

The **Gumma of the Skin** is an infiltration of the integument, developing in a tubercular or ecthymatous patch, and may terminate in ulceration. The gummy tumor consists of a localized aggregation of gummatous cells in the sub-connective tissue, which first appear as hard, shot-like granules beneath the skin, insensitive, unattached and the surrounding structures and the integument freely movable over them. It may remain thus for months and gradually disappear without any known cause, leaving not the slightest trace of its former existence. Generally, however, the tumor enlarges, becomes fixed to the adjoining tissues, pustulates and slowly ulcerates to the surface, when it breaks and discharges its contents, which consist of blood mixed with a thick, honey-like product of a grayish yellow color tinged with green, which consists of the broken down gummatous cells and the debris of the intervening tissues. A deep syphilitic ulcer remains, which gradually heals, leaving a characteristic scar. When gumma attacks the bone or periosteum it is exceedingly painful, develops slowly and finally ulcerates, involving the death of a considerable portion of bone, which assumes the necrotic type of inflammation.

Gumma of the nose leads to destruction of the nasal cartilages and bone, causing perforation, necrosis and permanent deformity. Whenever gumma is developed the implicated structures become involved, disintegrate and necrose.

Syphilis of mucous membranes consist of mucous and scaly patches, gummatous ulcers of the mouth and fauces and gummy tumors of the buccal cavity, which may appear in modified form throughout the disease, either independently or in connection with the various eruptions heretofore described.

The typical mucous patch is a flat papule, covered with a sodden epithelium, and is only found in early syphilis and is seen in the greatest perfection coincident with the general papular

syphilide of the skin. Cornil describes it as found upon the tonsil, to consist of hypertrophied papillæ, with a thickened epithelium, the deeper tissues infiltrated with new cells and numbers of cavities containing pus-corpuscles and innumerable pus-cells between the epithelial scales, opening and pouring out upon the surface the secretion that covers the mucous patch. The mucous patch is a round, or irregular rounded, raised patch of a yellowish color, sometimes red and granulating and covered with a puriform secretion. They vary in size, occur about the tonsils, lips, tongue, larynx, and trachea, and within the nose; are painless, except during inflammation and ulceration, and relapse frequently as the result of local irritation. They may appear upon almost every portion of the body wherever two moist surfaces lie together. Vegetations may spring up around them, and the patches, partaking of their characteristics, may become large, pedunculated, flat warts. All mucous patches are covered with a peculiar mucous secretion, as capable of transmitting the poison of syphilis as is the secretion of a chancre.

Scaly patches are frequently mistaken for the mucous patches, but, as a rule, the former appear late in the disease, and by preference occupy the angles of the lips, the tips, sides and dorsum of the tongue. They are caused by epithelial thickening, and their whiteness establishes this fact. They are very sensitive, bleed easily, and the contact of condiments occasion pain and discomfort when eating. They rarely or ever ulcerate, develop long after signs of syphilis have disappeared, yield readily to local treatment, and do not demand a renewal of syphilitic remedies, for they afford no evidence that the previous syphilitic disease has again been revived.

The tertiary syphilides, as they are called, are the most destructive of all the syphilides, and when they are deposited around joints or attack the bony structure they create a great deal of both local and constitutional disturbance, and may continue for years if not properly treated. The practitioner must be ever on the alert, and not confound these tertiary ulcers when they occur upon the lip or tongue with epithilioma, upon the face with a rodent ulcer or an ulcerative lupus, upon the scrotum or penis with a chancroid or an epithelioma. Their peculiar characteristics, the history of the patient and the profound cachexia that accompanies these diseases, are sufficient evidences of their real nature.

Treatment.—In conducting the treatment of any of these secondary or tertiary syphilides, the hygienic and dietary influences thrown around the patient should be in accordance with the strictest homœopathic treatment. In the warm latitudes these syphilides run a more rapid and favorable course, and the cure is more readily effected than in the colder regions of the north. It must not be forgotten that the character of the syphilides change; they readily change their forms and pass from one to another. In the *erythematous syphilide* (roseola) the following remedies will be found efficient and curative under all ordinary circumstances: *Antimon. crud., Cinnabar, Cantharis, Kali jod., Lachesis, Merc. corros. sol.* and *jod., Oleum gurjun, Sarsap., Staph., Sulph.* and *Tartar emetic.* 2nd, *Aurum, Ars., Bell., Calc. carb.* and *jod., Hepar, Lycop, Mezereum, Petrol., Phosph.* and *Thuja.*

For the **Papular Syphilide**—*Arsenic, Coral. rube., Corydalis' Cundurango, Graph., Iodine, Iris, Kali jod., Lithia, Merc. cor. jod.* and *sol., Oleum gurjun, Nitric acid, Phosph., Staph., Sarsap.* and *Lineum.* 2nd, *Agaric, Ammon mur., Arsenic, Aurum mur., Bovista, Caust., Conium, Copaib., Graph., Ledum, Sycop, Phosph.* and *Tobac.*

For the **Pustular Syphilide**—*Antim. crud., Nitric acid, Argent. nit., Cantharis, Carbo. an., Cinnabar, Creosote, Guaic, Kali jod., Merc. corros. jod.* and *sol., Oleum gurjun, Rumex, Sarsap.* and *Tartar emetic.*

For the **Pigmentary Syphilide**—The remedies most suitable are those mentioned above under the papular and pustular variety. The special indications will be given at the close of the chapter.

For the **Vesicular Syphilide**—*Arsenic jod., Antim. crud., Cantharis, Cinnabar, Copaib., Nitric acid, Hydrocotyle, Merc. corros., jod.* and *sol., Kali jod., Lithia, Oleum gurjun, Sarsap., Staph.* and *Tartar emetic.* 2nd, *Aurum mur., Bell., Calc. jod., Corydalis, Creosote, Graph., Gratiola, Ferrum, Hepar, Sulph., Mezereum, Phos., Tobac.* and *Terebinth.*

For the **Squamous Syphilide.**—*Arsenic, jod., Antim. crud., Cantharis, Corydalis, Kali jod., Hydrocotyle, Merc. corros. jod.* and *sol., Nitric acid, Oleum gurjun, Sarsap, Stilling, Tartar emetic.* 2nd, *Argent. nit., Bell., Berberis, Caust., Carbo. veg., Copaib., Cundurango, Dulcam., Hepar, Sulph., Creosote, Thuja, Ferrum, Phytol., Rumex, Tobac.* and *Lineum.*

For the **Tubercular Syphilide.** — *Arsenic jod., Cantharis, Cinnabar, Corydalis, Hydrocot, Lycop., Kali jod., Merc. corros., iod.* and *sol., Nitric acid, Mezereum, Oleum gurjun, Sarsap., Stilling., and Tartar emetic.* 2nd, *Antim. crud., Argent. nit., Caust., Cundurango, Clemat., Copaib., Culeum., Graph., Kali carb., Phosph., Ranunculus bulb., Sulph., Tabac.*, and *Terebinth.*

For the **Tertiary Syphilides.** — *Acid fluor., Acid nitric, Cinnabar, Corydalis, Cundurango, Iodine, Hydrocotyle, Kali jod., Merc. corros. iod.* and *sol., Mezereum, Phytolacca, Platina, Stilling., Sarsap.*, and *Tartar emetic.* 2nd, *Arsenic, Ascalep syr., Aurum mur., Carb. an., Corallia rub., Corydalis, Ferrum jod., Fluoric ac., Gaiac, Lachesis, Lycop., Phos. ac., Phytolacca, Sarsap., Staph., Sulph., Tobac.*, and *Thuja.*

Special Indications.

Arsenicum Jod. — Phagedenic and gangrenous ulcerations, copper-colored eruptions on the skin, prostration of the vital energies, burning pimples or pustular eruptions on the skin, great restlessness, mental weakness, chilliness of the body, with excessive sensitiveness; lesser phlegmatic temperament.

Assafœt. — Tertiary syphilis, especially after mercury when the bones are affected; skin ulcers, discharging a thin fetid and ichorous pus, ulcers sensitive to touch, osteocopic pains; crampy, jerking and drawing pains in the bones; affections of long bones.

Aurum. — Secondary syphilis, depressed state of mind, low spirited; bones of skull painful when lying upon them; pains in the bones of the head, as if broken; sore feeling in the nose with swelling and loss of smell; putrid discharge from the nose; bony tumors on the head, arms and legs; nodes developing on the short and flat bones; caries of the palate bones; ulcers in the mouth and nose; violent headache from tophi in different parts of the cranial bones; mental disturbance, which not infrequently results in attempts at suicide.

Berberis Aq. — Inveterate cases of tertiary syphilis.

Carbo Veg. — Syphilitic ulcers, irritable and sensitive, with sharp, ragged and undermined margins, discharging thin, acrid and offensive matter; cachexia syphilitica ulcers, painful and bleed easily; burning eruptions on the skin; weakness, such as is caused by loss of animal fluids; coldness and blueness of the skin.

Cinnabar. — Secondary syphilis, chronic mucous patches in the buccal cavity, sleepiness during the day and sleeplessness by night; in the transition stage between primary and secondary stages of syphilis, when vegetations and mucous patches are the predominant lesions; sycotic excrescences; small ulcers on the roof of the mouth, on the tip of the tongue and on the

lips; it is suited to the whole range of the syphilides, from the macular to the luxuriant condylomata, and disorganization of the tonsils; in syphilis of scrofulous children and impaired systems of females.

Corydalis.—Syphilitic nodes on skull; ulceration of fauces; profuse morbid secretion of mucus; fetid breath; secondary syphilides.

Hecla Lava.—Destructive ulceration of the nasal bones.

Hepar Sulph.—After abuse of mercury; mercurious-syphilitic diseases, falling off of the hair; painful lumps on the head and osteocopic pains in the bones of the skull; eruptions around the mouth; swollen tonsils and hard glandular swellings on the neck; chancres that bleed easily but are not painful; margins of ulcers elevated and spongy; buboes after mercurial treatment; humid sores on genitals, scrotum and folds of the thighs and scrotum; herpes preputialis.

Jodium.—Mercurial cachexy; syphilixia; salivation from mercury; gumma in the buccal cavity.

Kali Bichrom.—Deep ulcers on the edge of the tongue; ulcers in the mouth and fauces; fetid discharge from the nose; bone-pains all over the body; pustular syphilides; suppurating tubercles forming deep excavations; caries of the bones of the nose; ulcers having a disposition to become phagedenous; indurated chancre, syphilitic laryngitis, with dry, hoarse, hacking cough and tenacious sputa.

Kali Jod.—After abuse of mercury; secondary and tertiary syphilis; tuberculous pustules on the face; roseola on chest and ex remities; large discolored ulcers on the skin; gumma of the buccal cavity; swelling of bones; osteocopic pains, aggravated at night; alopecia; ulcerations of the nose, mouth and throat; the system depressed; effusions of serum into the cellular tissues; deep chancres with callous edges; papulous eruptions of the skin; ulceration of nose, mouth or throat with corrosive, burning discharge.

Lachesis.—Phagedenic chancre; gangrenous ulcers in the mouth and throat, caries of tibia; flat ulcers on the lower extremities with livid areolæ; earthy yellowish appearance of the face; ulcerated sore throat with constant coughing; retching, painful deglutition.

Lycopod.—Secondary, tetter-like eruptions on the skin; ulcers in the throat of a dark, yellowish-gray color; cough and horseness from affections of the larynx; coppery eruptions on the forehead and cachectic appearance of the face; dry pedunculated, painless condylomata on the sexual organs; osteocopic pains in the limbs during wet weather; low-spirited, despondent and nervous weakness.

Mercurials.—See page 77—79. Compare syphilis and mercury, page 73.

Mezereum.—Syphilitic periostitis; mercurialism; constant headache from nodes in the skull bones; dark redness of the fauces; pains through the whole body; osteocopic pains in the bones, worse at night; bones

inflamed and swollen, especially shafts of long bones; bone-pains produced by mercury, syphilis or both combined; stinging, pricking pains in the urethra; fainting, with vertigo.

Nitric Acid. — Phagedenic chancres; ulcers in urethra with purulent or bloody mucous discharge; syphilitic ulcers (gumma) in the mouth; ulcers bleed when touched, with exuberant but pale and flabby granulations, irregular edges; ulcers in vagina covered with a yellowish pus (gumma); copper or bronzed-colored spots on the skin; squamæ, rupia, mucous tubercles; condylomata; ulcers inclined to spread with tendency to fungous growths; moist condylomata, like cauliflower, or on thin pedicles; syphilitic epilepsy and melancholia; dryness and itching of the skin; ulceration of the skin with stinging pains; ulceration of the uvula, pharynx, fauces; soreness of the tongue and its edges; alopecia; sadness and despondency; nervousness with taciturnity, ill-humor and aversion to work; weakness of memory; dizziness and inability to perform any mental work; in mercurial or mercurio-syphilitic diseases.

Phosphoric Acid. — Corroding itching herpes preputialis; condylomata in the penis; sycotic excrescences; fig-warts complicated with chancre; interstitial ostitis of syphilitic or of mercurio-syphilitic origin, with nocturnal pains as if the bones were scraped by a knife; alopecia in the sexual organs; heat and burning in sycosis; depressed spirits, forgetfulness; weakness of memory with difficulty of comprehension; objects appear unstable, with tendency to paresis.

Phosphorus. — Syphilitic psoriasis in palms of the hands and soles of the feet; syphilitic roseola; squamous syphilides; mercurio-syphilitic ulcers on the prepuce; bone-pains and exostosis; nodes on the long bones.

Phytolacca. — Secondary syphilis; ulcers in throat; syphilitic rheumatism and syphilitic eruptions; pains shift; joints swollen and red; periosteum affected (nodes); pains in shafts of long bones, worse at night and in damp weather; glands swollen and inflamed; ulcers with lardaceous base; weakness and prostration of the whole system; blotches on the skin, afterwards invading the throat; rupia and the syphilides in secondary syphilis; periostitis of the skull bones.

Sepia. — Burning, itching, humid, or scurfy herpes preputialis; chappy herpes, with a circular desquamation of skin; eruptions on glans or on the labia externa; itching and dry eruptions on mons veneris; syphilitic erosions in women.

Stillingia. — Secondary syphilis; severe osteocopic pains; nodes on head and legs; syphilides of the skin with ulcerations, and scabs on the body from syphilis; enlarged cervical glands; moist, brownish, excoriating eruptions on the scalp; muco-purulent discharge from the nose, with excoriation of the upper lip and alæ nasi; dull pasty complexion; dark-red, soft tubercular eruptions on the skin, ulcerating and furnishing a large quantity of unhealthy pus. (Hale.)

Staphysagria. — Mercurialism; secondary syphilides; round or oval, whitish and raised patches (gumma) the mucous membrane of the mouth,

nose, prepuce and anus; a diptheritic exudation, which, when wiped off, leaves a raw surface behind; throbbing headache from the nape of the neck to the head; soft, humid excrescences on and behind the corona glandis; excrescences and nodosities of gums, female sexual organs painfully sensitive; dry pedunculated fig-warts and mucous tubercles; nervous prostration.

Silica. — Mercurio-syphilitic ulceration of skin and bones; moist or dry eruptions of red pimples or spots on genitals; chancres with raised edges in impaired systems; painful eruptions on genital organs.

Sulphur. — Mercurio-syphilis; itching ulcers, which are soon covered with a scab; thick crusts on the prepuce discharging pus from underneath; tertiary syphilide; bronzed-colored spots on the forehead; excoriations on the genitals with burning; glandular swellings, indurated or suppurating; moist condylomata on the genitals; cock's comb-like excrescenses on the glans, soft, spongy and easily bleeding.

Thuja. — Syphilitic erosions on the female genitals, with profuse discharges; erosions between the thighs and on the sides of the scrotum; mucous tubercles in the fauces; moist mucous tubercles; itching ulcers with unclean bases, or whitish chancres with hard edges; condylomata; sycotic, moist excrescences on prepuce and glans—alopecia; chronic ulcers with flat and indurated edges; syphilitic cachexia; teeth decaying in the fangs; rupia, condylomata in various parts of the body; iritis, followed by tubercles or watery excrescences on the iris; purulent pustules; red nodosities on the temples.

In the selection of remedies for the various syphilides, it is necessary to examine minutely not only the manifestations of the disease but also the idiosyncrasies of the patient. If the patient has been mercurialized to the extent of producing drug symptoms, I recommend *Nitric acid*, *Kali jod.*, *Staphysagria*, and such remedies as are in close rapport to the mercurialism.

If the patient is strumous, lymphatic, or of impaired physical force, and has not been mercurialized, I give *Merc. jod.* This remedy closely corresponds with syphilitic angina; ulcers in the mouth, fauces, and throat; the secondary syphilides; pains in the throat and osteocopic pains, aggravated at night.

In quite a large experience in the treatment of syphilides, both in the army and in civil life, I am convinced not only that mercurials are the proper remedies ordinarily for the primary and secondary stages of this malady, but that there are conditions under which they become useful even in the transitional and tertiary stages. Corollary to this, I will state, that in each of the stages of disease named, there are circumstances under which mercurials are not only not beneficial but absolutely injurious.

It is, I believe, a pretty generally recognized fact that persons of a delicate, sensitive organization, those of a highly strumous diathesis, and those whose constitutions have been impaired by incidental causes, are not only exceedingly intolerant of mercury, but are unpleasantly and sometimes seriously affected by the use of this remedy. These effects become more pernicious, and the evil impressions made in such cases more baneful, in proportion to the crudity of the mercurials employed. The error lies not in the fact that mercurials are curative of syphilis, but in the evil impressions made by the *poisonous* doses of the remedy. In the first and second stages of syphilis, in active, strong, rotund and robust constitutions, mercury may be employed in the lower potencies (and when I say lower, I mean the first and second potencies) without producing any marked perturbating influences contraindicating its use; but if the remedy is continued too long, or is too frequently given, the syphilitic poison gradually yields its pernicious effects, and there is a merging of the syphilitic into a mercurial disease, which becomes even more inimical to treatment than the original malady. Therefore I advise that mercurials be used with more caution than is recommended by certain of our syphilographs. As a rule, the first stage of syphilis bears the mercurials better than the advancing periods, and the further removed the patient is from this first stage, the better effects are produced by the higher potencies. For years past I have never employed the mercurials in the first stage lower than the second potency, and in the secondary and tertiary stages lower than the 3rd to the 12th attenuation; and I assert (modestly be it said) that my results in the treatment of syphilis in its varied forms have been, to say the least, successful.

The curative action of mercury depends, first of all, in the judicious selection of the cases to whom the remedy is to be administered; second, the form of the mercury which is to be given; and third the potency of the mercurial to be employed. The allopathic school, while denouncing the law of similars, or as Bumstead remarks, "the elastic principle of similia," is gradually deserting the beaten track of its fathers, and are recommending what they call the "tonic dose," that is, the dose that does not produce the multiplied horrors of the past heroic treatment, but which cures, because it does not poison so extensively; for, as is alleged, the patient "feels well under it in *most* cases, he eats well, his functions go on perfectly, and his blood is richer in

red corpuscles than it was before." This "tonic dose," so called, is the 1/18 of a grain of the iodide of mercury, or the 1/100 of a grain of bichloride. Is not this an important advance over those of the same school, who taught that to cure syphilis by mercury the *gums must be touched*, to show that the system is fully under the influence of the mercurial poison? The tendency of the allopathic school is to advance toward the plane of attenuated medicine, in the treatment not only of this disease, but of all others; while to our discredit, I regret to say, there is a disposition on the part of some to fall back into the mire of ponderable and poisonous doses of this remedy. While my observations in the treatment of this malady do not carry me beyond the 12th potency, I know there are those who testify that high potencies (the 200th to the 1000th) "will cure syphilis even in the first stage." This proposition does not seem so clear to me, from an analysis of the history of such cases, and the treatment pursued by the so termed "high potencies;" for the fact is patent, that hundreds of cases with undoubted chancre, having no treatment at all, neither mercurial nor otherwise in the first stage, do not have either secondary or tertiary symptoms. These are the cases that get well *without treatment* "under all systems of treatment," or, as Diday expresses it, "by the grace of God." Prof. Dana has written an interesting and valuable monograph, in which he shows that syphilis runs its course without treatment, and even underneath the most unhygienic surroundings, without either serious complications or sequelæ. Mr. Keys and others, contend that it is "a self-limiting malady, and its general treatment may be, and often is, left entirely to nature." One thing is certain, that while the virus of syphilis invades the system, under all circumstances the patient should be placed under the most favorable dietetic and hygienic influences while undergoing treatment. He should be placed under the highest possible condition of bodily vigor while the poisonous influences within are controlled by the mercurial similimum. Frequent bathing, warm clothing, unstimulating diet, abstinence from alcohol and moderate exercise in the open air and sexual abstinence should be rigidly insisted upon. If mercury be given early, it not only facilitates the dispersion of the primary lesion (chancre), but it mitigates and often entirely eradicates the severity of the syphilides and the manifold symptoms that accompany them. For these reasons the effect of the mercurials upon the system should be continued for at

least six months after all the conditions of infection have subsided. The hygiene of the genito-urinary organs should be diligently cared for during and after the appearance of the initial lesion. These parts should be kept scrupulously clean and dry, and salt water or medicated baths employed at least daily, and the glans, anus and perineum well cleansed with soap and water. In patients whose stomachs fail to perform their accustomed functions, when digestion and assimilation are at fault, attention must be given to properly directed food, together with such remedies as are appropriate to overcome the attendant troubles. Smoking and the use of tobacco in all its forms is strictly forbidden.

Syphilis of the Respiratory System, of the bones, muscles, tendons, joints, heart and great blood-vessels, as well as that which attacks the brain, nerves and organs of special sense, including the affection of the kidneys and genito-urinary system, find their diagnosis in the history of the case and the antecedent character of the symptoms presented. The gummy forms of disease are found invading the structures of almost all the organs indicated, with degeneration of tissue and the accompanying lesions that have been described under the head of syphilides, including both the secondary and tertiary forms of the malady. The treatment of these conditions will be the same as previously mentioned under the head of constitutional syphilis; and the iodide of potash, the iodides of mercury, and the iodides alone, and such remedies that have been already spoken of, will be found the most serviceable methods of cure in all these affections.

Gumma may form in any structure of the body, and whenever developed consists at first of a collection of nucleated, round and spindle cells, which becoming absorbed remain as a mass of cheesy debris, or soften and make their way to the surface. No muscle or tissue is exempt from liability to attack, and it invades the large muscles of the body as well as the delicate organs of the mouth and fauces alike. It may begin as a painless tumor, either movable or stationary, but it terminates in the destruction of all tissues involved in the new growth, whether it becomes cheesy, or softens and discharges. The treatment consists in the administration of the iodides of mercury and potash, nitric acid, etc.

It must be remembered that in syphilis, whether in the primary, secondary, or the tertiary stages, we have to encounter a virulent, destructive and all-pervading poison, which contaminates the blood, attacks various organs, impairs function, enfeebles nutrition and gradually undermines the vital powers. To oppose these depressing effects, to arouse and revivify the drooping powers and to reinstate the innervated vital forces, is the chief object of the practitioner. Here I would refer to what I have before said of the remedies to be employed and the potencies to be selected. To bring about the usual standard of health, we should employ all such means as will impart vigor and strength to the unfortnnate invalid. Among these are a generous and nutritious diet, friction of the skin, baths, well-directed exercise in the open air, warm clothing, absence of all depressing moral influencies, and above all, the absolute necessity of a continued and prolonged perseverence in the proper course of medical treatment as hitherto directed.

CHAPTER VI.

Infantile Syphilis.

If either of the parents are syphilitic, the infant may inherit the disease. If the father is contaminated, he may transmit the disease to the fœtus directly, at the time of conception, and the mother may be infected through her offspring; or he may communicate it to the mother, and she may infect the child; or, if the mother alone is syphilitic, the fœtus may become affected during intra-uterine life, through the blood of the mother. Under such circumstances, the fœtus is apt to die about the fourth month, which ends in miscarriage. Repeated miscarriages, without some overt act, at once suggest syphilitic contamination. Under more favorable auspices, the child may be either born alive, thin, and shriveled, with a prematurely old expression, a hoarse voice, a snuffling breathing, nasal discharge, and perhaps covered with a scaly eruption; or it may be born apparently healthy, and the syphilitic symptoms develop a month or two afterward.

Treatment. — The infant should be removed from the breast, and be brought up by hand, that it may not imbibe further poison from its mother, or infect a hired nurse. This having been done, either of the following remedies may be employed, in accordance with their pathogenesis, and the characters of the case: *Fer. jod.*, *Calc. carb.* and *jod.*, *Hepar*, *Kali jod.*, *Merc. jod.*, *Mez.*, *Lach.*, *Nit. ac.*, *Phytol.*, *Sang.*, and *Thuja*. The utmost attention should be given to those general hygienic and dietetic principles that are so imperatively demanded in all cases of blood poison and otherwise depraved systems.

CHAPTER VII.

Spermatorrhœa.

SPERMATORRHŒA, or seminal flux, is chiefly met with in young men, usually from the ages of eighteen to thirty years, and is commonly the consequence of that terrible vice, which, practiced in solitude, emasculates the body, enfeebles the mind, and degrades the moral status of the mind to a condition of absolute loathing and disgust of self. The generative organs seem to be impressed with a dual mixture of irritability and debility; the testes are excited into action by the simplest causes; a look, a thought, the gentle motion of a carriage, or the effort at stool, will produce a feeble ejaculatory effort, a few drops passing the urethra. From two to four emissions during the week, or oftener in the more advanced stages, mark the debility of the organs, and the irritability that invests them. In a short time, the physical and mental powers suffer; the face is pallid, sallow, and anæmic; there are ringing in the ears, dyspepsia, and emaciation; the features are drawn; expression is listless; eyes lifeless; spirits depressed to the very verge of despondency and despair. Coitus is impracticable, as the gush of semen takes place either before erection occurs or without its occurrence, the most melancholy forebodings ensue, and the patient is dragged down to the very depths of degradation and moral discomfort.

Causes. — Self-abuse; morbid conditions of the urethra; irritability of the bladder; constipation; rectal irritation; ascarides;

hæmorrhoids; prolapsus ani; elongation of the prepuce; frequent excitations of the passions without natural gratification; sexual excesses; excitation of the sexual organs from novel reading, etc.

Treatment.—The curative treatment consists in the use of those agents, which, while they diminish irritability, invigorate and strengthen the genito-urinary organs. Happily for humanity, Homœopathy offers a rich Materia Medica for the various conditions and varieties of this truly pitiable disorder, among the most valued of which are the following: *Anac., Aur., Agnus cast., Bell., China, Camph., Bufo, Brom., Calc., Canth., Eryng. aquat., Cobalt, Gels., Dig., Ferr. brom., Phos., Phos. ac., Plat., Puls., Iris vers., Nux vom., Kali brom., Nuphar lutea, Selen., Staph., Sepia, Ustilago, Zinc ox., Sulph.* (See "Special Indications," at the end of this chapter.)

Local Measures are the cold salt-water sitz bath, every night and morning, or the cold shower bath; light bed-covering, and a hard mattress; light suppers, entire absence from all highly seasoned food, wines, liquors, tobacco, etc.; properly directed exercise, ventilation, a well-regulated diet, Electricity, the pleasant occupation of the mind, the avoidance of stimulants and of all enervating habits, and, above all, the cheering effects of pleasant society, pursuits, and amusements. A suspensory should be worn constantly; and a knotted towel, the knot to the spine, should be tied around the body, so that the patient will be awakened by the pressure whenever he lies over upon his back. The wet girdle at nights, the spermatic ring, and Electricity are valuable expedients.*

Impotence.—Impotence is often met with in persons ordinarily healthy, and in some cases where great muscular power exists, and arises from either a natural deficiency in individual organization, or from exhaustion of the nervous power by habitual mental or physical exertion, by excessive sexual indulgence, over-exercise, or study, carried to an intemperate degree.

Asperma.—This is very rare, except in cases of atrophy, absence of the testes, or organic degeneration of their structure.

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* "Roech's Emission Preventer," manufactured by Gross & Delbridge, Chicago, has proved of great value in the hands of many physicians. It is a bandage that keeps the penis in a position in which an erection, as well as any discharge, is impossible.

It has been observed that each individual possesses a certain given amount of procreative power, which, being early exhausted or habitually wasted by frequent intercourse, can be restored partially only by such attenuated remedies as have a decided penchant for these organs. Among the remedies are: *Agnus. cast.*, *Anacard.*, *Berb.*, *Bufo*, *Calad.*, *Con.*, *Gels.*, *Phos. ac.*, *Papaya*, *Selen.*, *Staph.*, *Ustilago*. Other general and local means, as already recommended, should be employed during the progress of the treatment.

Marriage.—This important question, so frequently referred to the practitioner as to its curative value, is hereby presented for future guidance:

1st. If spermatorrhœa exist in the *spinal* or *cerebral* form, marriage is injurious.

2d. If the disease exists in its general form mainly, and the act can be consummated without injurious consequences to the patient, although imperfectly, marriage may be advised.

3d. As a rule, marriage should not be recommended as a curative remedy.

Special Indications for Spermatorrhœa.

Ferrum Met.—Impotence from abuse of sexual organs in weak people; great debility following the discharge, and nocturnal emissions.

Stillingia and Nux Vom.—Caused by masturbation, or abuse of alcoholic liquors, coffee, sedentary habits, and mental exertion.

Plumbum.—With a relaxed penis, after drinking wine, with lassitude next morning; violent, painful erections from the least excitation.

Gelsemium.—From relaxation, weakness, and irritability of the seminal vesicles.

Belladonna.—From weakness of the seminal vesicles, with sweating of the sexual organs, and pressing and lacerating pains in the parts; indifference to voluptuous excitement; sexual desire extinguished; sadness, with increased sexual desire.

Selenium.—Itching and coldness of the genitals; nocturnal emissions, with amorous dreams; the semen escapes with every stool, and after urinating; dribbles away unperceived during sleep; is very thin, and odorless; he is hopelessly distressed.

Ustilago Madis.—With erotic, amorous dreams.

Ferrum Brom.—Great debility, anæmia, and depression of spirits.

Cantharides.—With great impotence, and inability to retain the urine.

Nuphar Lut.—With painless morning diarrhœa.

Sepia.—*Mental symptoms;* after coitus, anxious and restless all day; discouraged and easily frightened in the evening; vertigo.

Antimonium Crudum. — After lascivious fancies, less sexual desire.

Phosphorus. — Cerebral excitement, with flushed face and glistening eyes; satyriasis.

Stramonium. — Depression of spirits, with spermatorrhœa; great delirium; sexual excitement during the night; during mental derangement; sexual irritation.

Dioscorea Vill. — Depression of spirits; great weakness of the knees after pollution, without erection, sensation, or dreams.

Natrum Carb. — Dissatisfied and vexatious; out of humor after painful emission.

Natrum Mur. — During lascivious thoughts, without erection, profuse discharge of prostatic fluid.

Lycopodium. — Exciting imagination even causes no erection, although there is sexual inclination.

Digitalis. — Frequent lascivious fancies, day and night.

Hamamelis Virg. — Gloomy and depressed mood after emissions, with amorous dreams.

Ustilago Madis. — Great despondency, and irritability of the mind, with great despondency; great prostration, and great pain in the lumbar region the day after an emission, with sexual dreams; erotic ideas, fancies, and amorous, with seminal emissions, and spermatorrhœa.

Thuja Occid. — Heaviness and ill humor after emissions.

Selenium. — Hopelessly distressed, semen escapes with every stool, and after urinating.

Conium Mac. — Hypochondriasis from denial of sexual intercourse; among single men; sad, anxious, low spirited; suppression of sexual desire.

Staphysagria. — Indifference, low spirits, and dullness of mind, after onanism.

Ignatia. — Lascivious and amorous fancies, with exalted sexual desire; weakness of the parts, and impotence, and sexual fancies and dreams.

Mercurius Vivus. — Excitement, with painful nocturnal erections, with tension seemingly caused by flatulence. Impotence from abuse of the sexual organs.

Ambra Gris. — Imaginations, without irritation of the sexual organs.

Silicea. — Thoughts with sexual desire very much excited day and night, with frequent erections, and drawn-up testicles; ill-humor and irritability after coitus.

Caladium Seg. — Lewd thoughts without erections.

Calcarea Carb. — Nervous relaxation; discontent, and irascibility, with trembling and great weakness in the legs, principally in the knees; ill humor and dissatisfaction.

Graphites. — Thoughts run on sexual subjects, tormenting him so that he fears insanity.

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MARCH 1883.

DESCRIPTIVE CATALOGUE

OF

GROSS & DELBRIDGE'S

HOMŒOPATHIC

MEDICAL WORKS.

For Sale at all Homœopathic Pharmacies, or will be sent prepaid on receipt of price.

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1883.

The Science and Art of Obstetrics, by SHELDON LEAVITT, M. D., Prof. of Obstetrics and Clinical Midwifery in Hahnemann Medical College and Hospital, Chicago; author of "The Therapeutics of Obstetrics," etc. With an Introduction by Prof. Ludlam. 659 pages, royal octavo. Price, cloth, $6.00; sheep, $7.00.

This work is intended to fill the want so long felt by Homœopathic teachers of Obstetrics, students, and practitioners, of a text book which should deal with the subject as both a science and art, and embody the researches and improvements which have been made in this branch of medicine during the past few years. The work has been carefully prepared, and sets in the foreground no theories or empty chimeras in respect to etiology, pathology, diagnosis or treatment, but accepted ideas, and rational deductions from extensive observations and experience.

Indeed, we may say at once, that in the completeness and care with which the subject is presented, in perspicuousness of arrangement, and in the judgment with which the latest and most approved views and practice of leading authorities, at home and abroad, are brought together, it surpasses all the other treatises on Midwifery of our school.—*New England Med. Gazette.*

The work of Dr. Leavitt has been carefully examined both by Dr. Southwick, and by myself, and both of us have formed a most favorable opinion of the ability and conscientiousness of the author. We shall both have much pleasure in recommending the book warmly to our students.—*W. Wesselhoeft, Prof. of Obstetrics in Boston University.*

The author is already favorably known to the profession. Taking the advance pages as a sample of the book, Professor Leavitt has evidently done his work thoroughly. It promises to be a valuable addition to our obstetric literature.—*Medical Advance.*

Professor Leavitt has honored himself and the profession by his book. It will take high rank as a Text Book, and prove most serviceable to the practitioner.—*J. O. Sanders, M. D., Prof. of Obstetrics in the Cleveland Hom. College.*

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The author has achieved a signal triumph for medical literature. His language is clear and forcible, and his arrangement of topics excellent. The mechanical part of the work is almost perfect.—*Homœopathic Journal of Obstetrics.*

I have given Prof. Leavitt's Obstetrics a prominent place among my books of reference. I consider it one of the best Text Books in our literature, and an honor to the publishers thereof.—*E. M. Hale, M. D.*

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A Physiological Materia Medica, containing all that is known of the Physiological Action of our Remedies, their Characteristic Indications, and their Pharmacology. By W. H. BURT, M. D. Chicago: Gross & Delbridge. 1881. 992 pages. Cloth, $7; Sheep, $8. Third edition. For sale by Homœopathic Pharmacies, or sent free by the Publishers, on receipt of price.

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I have already had occasion to make use of Mitchell's "Guide in Urinalysis," which I consider to be the best, the clearest and the fullest work on the subject yet published, containing a remarkable amount of information in a most convenient form.—*Ch. Gatchill, M. D.*

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Antiseptic Medication, or Declat's Method.—By NICHO. FRANCIS COOKE, M. D., LL. D. Emeritus Professor of Theory and Practice in the Hahnemann Medical College and Hospital of Chicago. 128 pp. 12 mo. cloth, 1882. Price $1.00. Gross & Delbridge, Chicago, Publishers.

This is the first, and must continue to be for some time, the only treatise on this vitally important subject, in the English language. It is plain and practical. Though written only for the physician, it cannot fail to attract attention from the intelligent layman every where. Especially will it be welcome to the sufferers from CONSUMPTION, CANCER, PYÆMIA, NECROSIS and all forms of blood-poisoning, and MALARIA.

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"Antiseptic Medication" is a small volume by Dr. N. F. Cooke, of the Hahnemann Medical college of this city, avowedly a treatise on the theory and method of Dr. Déclat, a recent visitor from the old world, which have attracted a great deal of attention of late. It is pretty generally safe to suspect something of exaggeration in almost anything which takes so sudden a hold upon popular enthusiasm, but it must be said, from hastily running through Dr. Cooke's advance sheets, that he makes out a pretty strong case. * * * *

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How to Feed the Sick; or, Diet in Disease. By CHARLES GATCHELL, M. D. Second edition, revised and enlarged. 12 mo. 160 pp., 1882. Price $1.00.

This work is a very practical and timely volume not only for those who are sick, but also for those who are not really well, and to whom the problem, "What shall I eat," is of vital importance. As introductory, the various forms of animal, vegetable and inorganic foods are considered and their relative merits carefully pointed out. The Chapters that follow are devoted to such practical subjects as How to feed your patients, Diet for Dyspepsia with aids to Digestion, Diet for Constipation, Rectal Alimentation, etc.; Diet in Consumption, Diet in Diabetis, Bright's Disease, Gravel; How to nurse the Baby, How to choose a Wet Nurse, How to wean the Baby, How to feed the Baby, Diet for Cholera Infantum, Diet for Travelers, Seasickness, the Corpulent, Scrofula, Rickets, Scurvy, Chlorosis, Collapse, Rheumatism, Asthma, Heart Disease, Alcoholism, Diarrhœa, Dysentery, Cholera, Diphtheria, Gastritis, Biliousness, etc. Diet for convalescents is a valuable chapter. Then follows a long and carefully prepared list of recipes for the preparation of Beverages, Meats, Broths, Soups, Breads, Gruels, etc., etc.

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TABLE OF CONTENTS.

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General Diseases. FEVERS. *Continued Fevers.* Typhoid Fever; Typhus Fever; Cerebro Spinal Fever; Simple Continued Fever. *Periodical Fevers.* Intermittent Fever; Remittent Fever; Pernicious Fever; Yellow Fever. *Eruptive Fevers.* Scarlet Fever; Measles; Small Pox. *Diseases of the Stomach.* Acute Gastric Catarrh; Acute Gastritis; Gastric Ulcer; Gastric Cancer; Gastric Hemorrhage; Atonic Dyspepsia. *Diseases of the Intestinal Canal.* Cholera Morbus; Cholera Infantum; Acute Dysentery; Proctitis; Typhlitis. *Diseases of the Respiratory Organs.* Pleuritis; Pneumonia; Diseases of the Heart. *Diseases of the Blood.* Erysipelas; Rheumatism; Diphtheria. Diseases of the Kidneys. Diseases of the Brain and Nervous System. Diseases of the Eye and Ear.

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Lectures on Fevers. By J. R. KIPPAX, M. D., LL. B., Prof. of Principles and Practice of Medicine in the Chicago Homœopathic Medical College; Clinical Lecturer and Visiting Physician to the Cook County Hospital; Author of "Handbook of Skin Diseases," etc. Octavo 500 pp.

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LECTURE IV.—**Intermittent Fever** (continued). Complications and Sequelæ. Prognosis Chart of Characteristics Prophylaxis. Treatment.

LECTURE V.—**Remittent Fever.** Definition. Synonym. Historical Notice. Etiology. Clinical History. Morbid Anatomy.

LECTURE VI.—**Remittent Fever** (continued). Differential Diagnosis. Complications and Sequelæ. Prognosis. Chart of Characteristics. Treatment.

LECTURE VII.—**Pernicious Malarial Fever.**—Definition Synonym. Historical Notice. Etiology, and Clinical History Types of Pernicious Malarial Fever. Duration. Morbid Anatomy. Differential Diagnosis. Complications and Sequelæ. Prognosis. Chart of Characteristics. Treatment. Chronic Malarial Infection.

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LECTURE XI.—**Typho-Malarial Fever** (continued). Morbid Anatomy. Complications and Sequelæ. Differential Diagnosis. Prognosis. Chart of Characteristics. Treatment.

LECTURE XII.—**Miasmatic-Contagious Fevers.** *Typhoid Fever.* Definition. Synonym. History and Statistics. Etiology.

LECTURE XIII.—**Typhoid Fever** (continued). Clinical History. Duration. Morbid Anatomy.

LECTURE XIV.—**Typhoid Fever** (continued). Complications and Sequelæ. Differential Diagnosis. Prognosis. Chart of Characteristics. Treatment.

LECTURE XV.—**Yellow Fever.** Definition. Synonym. History and Statistics. Etiology. Clinical History. Differential Diagnosis. Morbid Anatomy. Complications and Sequelæ. Prognosis. Chart of Characteristics. Treatment.

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This is a work containing all the general practitioner of medicine should endeavor to assimilate on the subject of surgery. For ready references and emergencies this work is not surpassed. We heartily recommend the work to the profession. The publishers have done good work in issuing the book so creditably, and the profession will appreciate the large distinct type used, and the prominence given words so as to enable the reader to secure readily that which he is looking for.—*Cincinnati Medical Advance.*

Dr. Charles Adams, Professor of Surgery in the Chicago Homœopathic College says of this new work: I have been very much pleased in the perusal of Franklin's Minor Surgery, issued by your house. The book, I have no doubt, will prove useful to the busy practitioner, and add to the reputation of the learned author."

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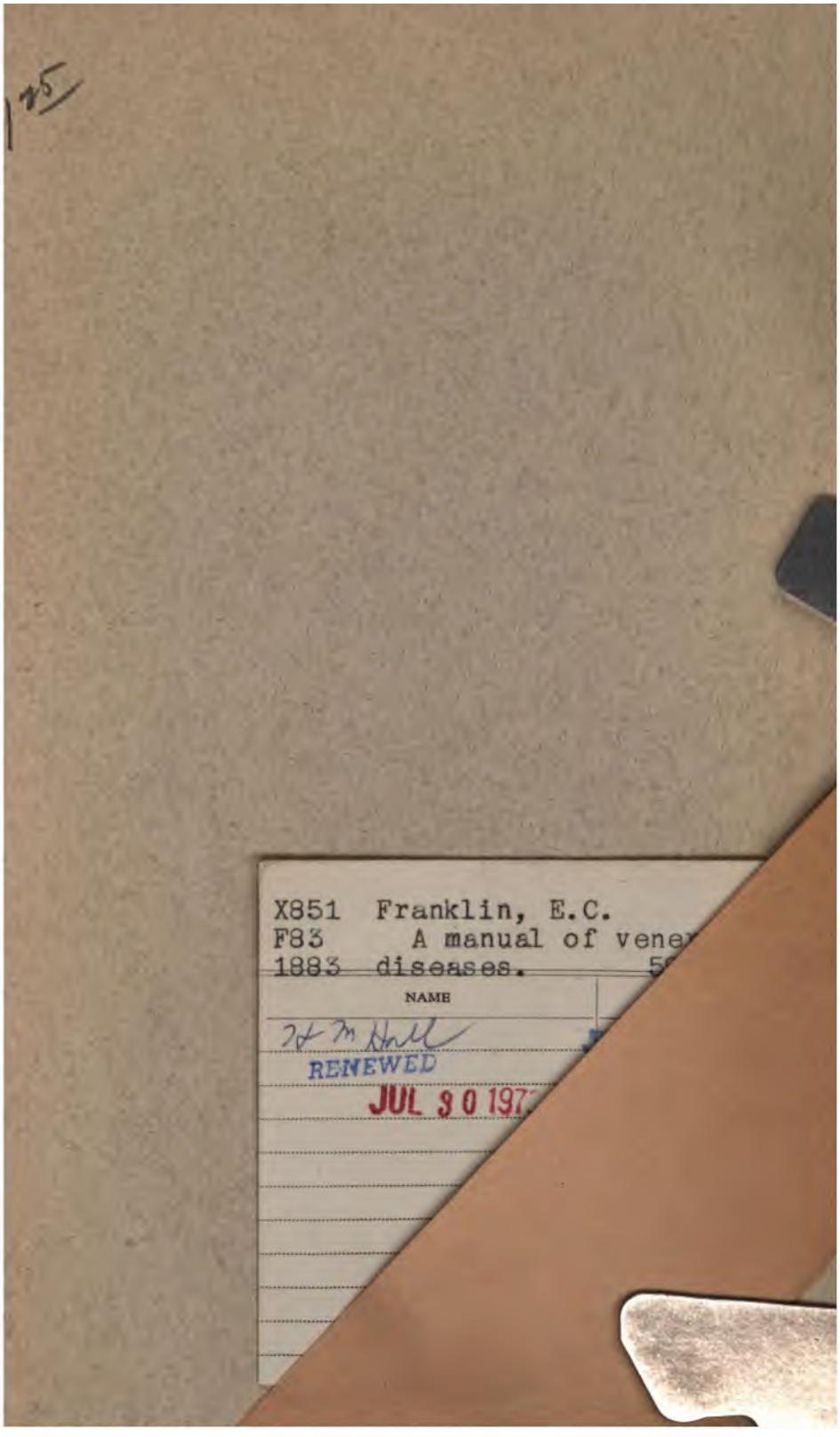
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